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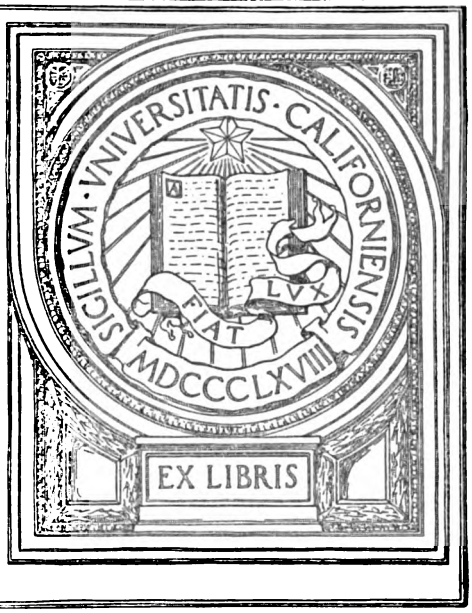

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THE MEDICAL BRIEF

MONTHLY

PRACTICAL MEDICINE & SURGERY

J. J. LAWRENCE, A. M., M. D.
EDITOR AND PROPRIETOR.

JULY, 1904

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I examined this case and had the following history: About a week before he had plowed two days with a leather line drawn tightly around his hand, pulling a hard-mouth young mule. He had a skinned place just back of his second knuckle and said he was handling fertilizers at time he was plowing. On Friday night he had suddenly an acute and intense pain at this point, and he sent for a doctor, who told him he had a severe case of tendonitis and cellulitis. I saw him a week after. They had been using all kinds of emollient poultices; no good. When I saw him they had the hand covered with slices of lemon, the only relief from pain since he was taken. I opened the point at the knuckle and got nearly a teacupful of pus from it. The tissues were infiltrated, including palm and back of hand. I injected a syringeful of peroxide of hydrogen, which filled the whole space, back to the wrist. When cleaned I filled the cavity only once with Ecthol, and in about three days he was about well. His arm was swollen to the elbow and it was a clear case of blood poison. I gave a teaspoonful every two hours. I have had a number of such results from the use of Ecthol. It is all you claim for it. Antipurulent and antimorbific. I would like to see a fair test made of it in a case of leprosy. If it does the work in that as in every thing else in which I have seen it tried, it will immortalize you. I thought this would be of interest to you.

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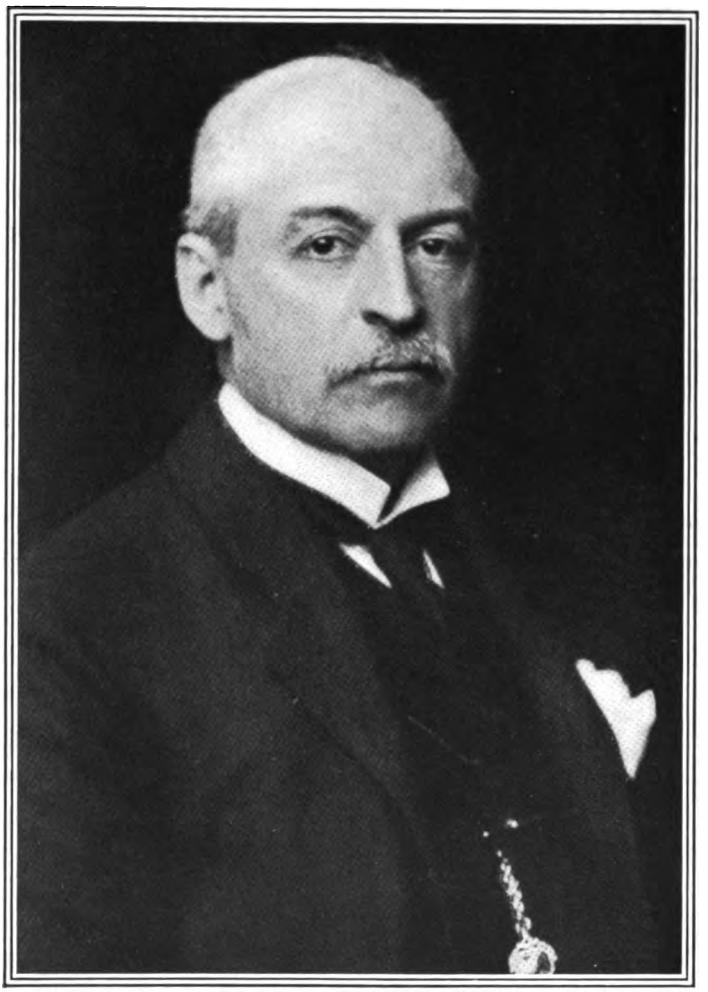

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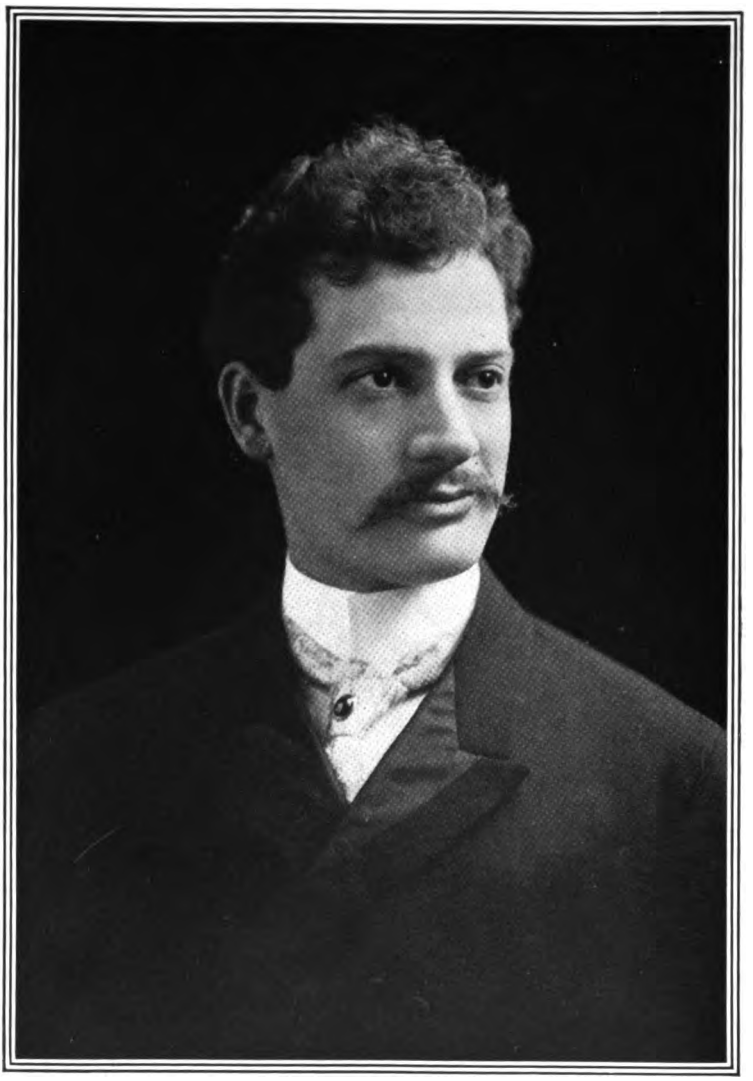

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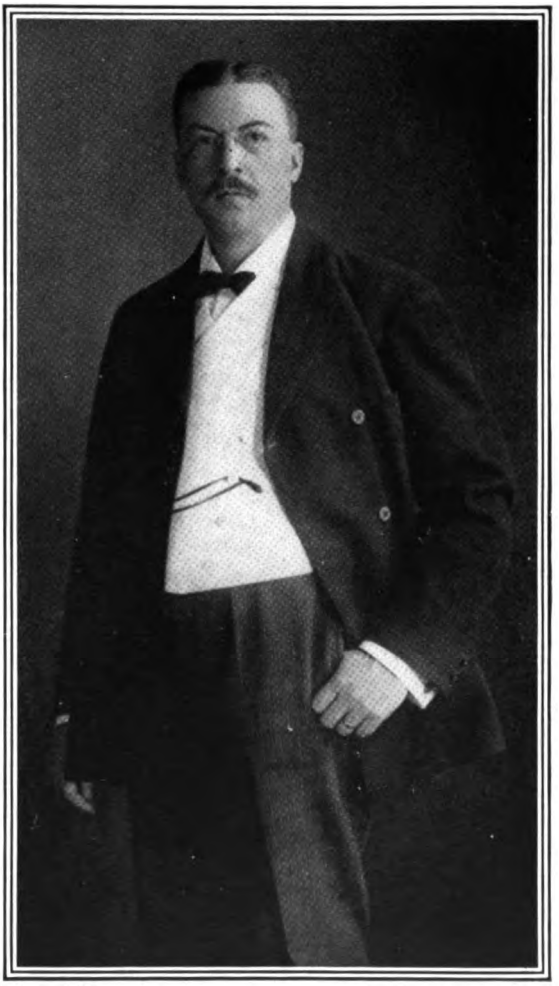

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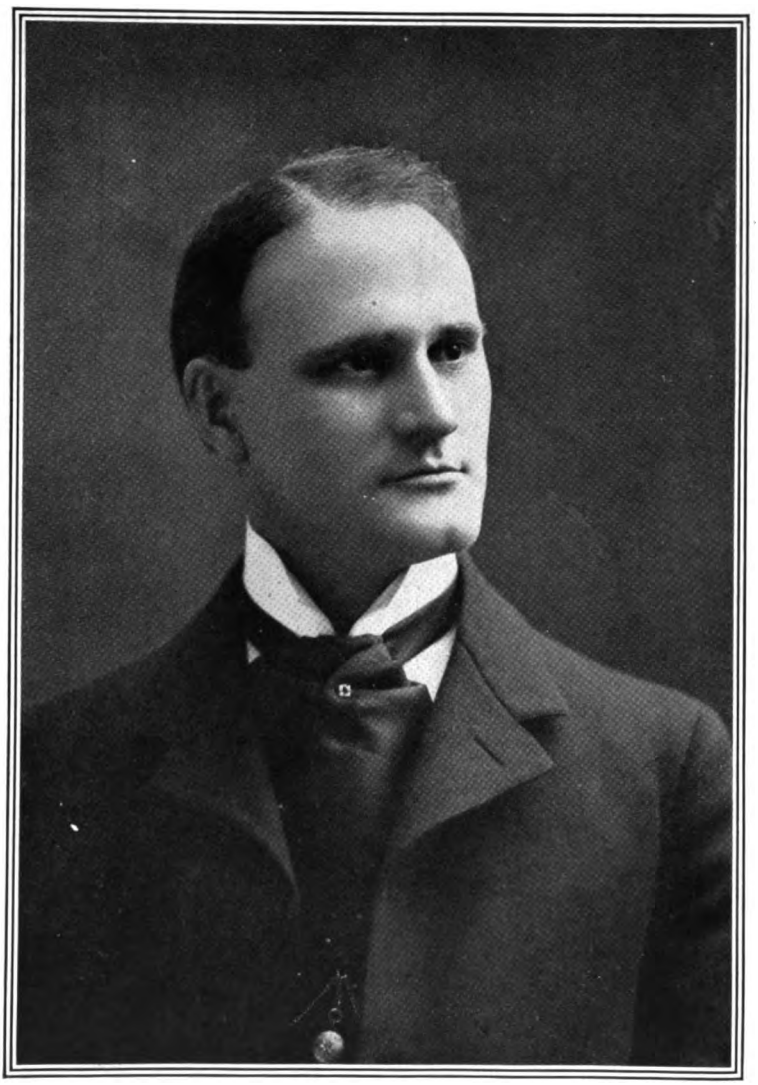

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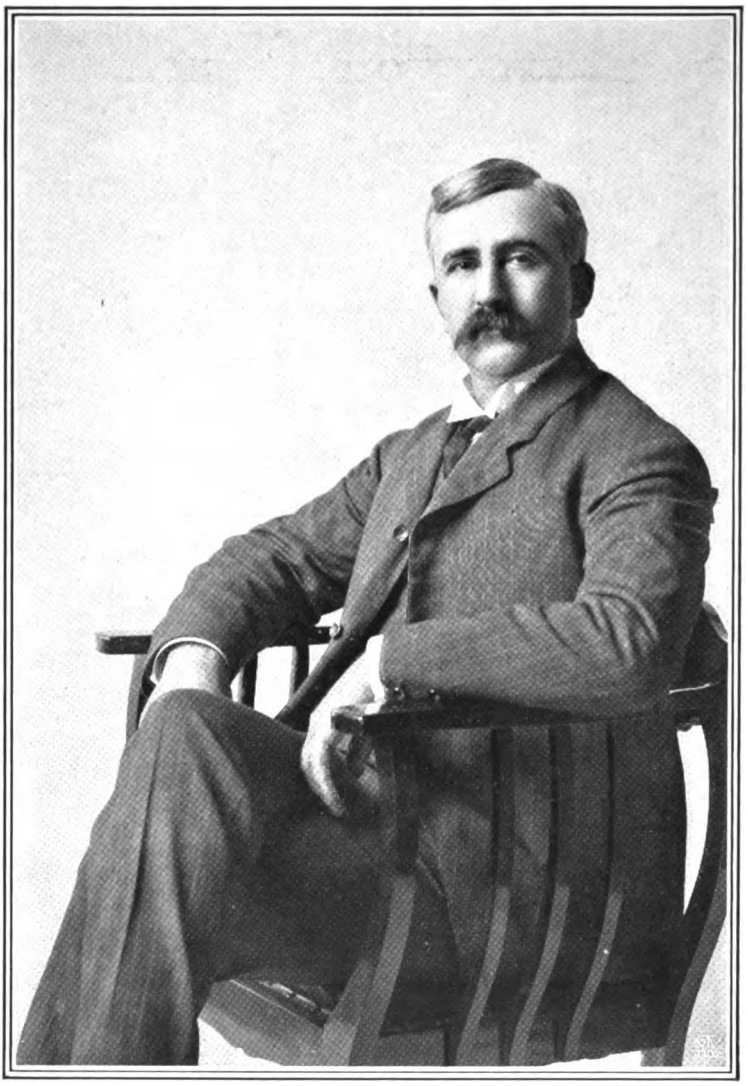

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THE MEDICAL BRIEF

A MONTHLY JOURNAL
OF
SCIENTIFIC MEDICINE

J. J. LAWRENCE, A. M., M. D.
Editor and Proprietor

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Editorial.

The Meddler.

Everyone knows, who stops to think about it, that the meddler is the most contemptible individual on earth. The meddler sets himself up as a guide and standard in every department of life. He makes it his business to take other people to task, and is all the time interfering in the affairs of those who do not conform to his notions. Frequently when the meddler finds a man he can boss, who submits to interference and dictation, that man finds himself in trouble as everybody knows. There is no spectacle more pitiable than that of a man who allows himself to be forced into a wrong position because he is too weak to resist the meddler's attack.

The tendency in affairs to-day is to develop the perverted activity of the meddler by letting him take his course unchecked—a tendency unfavorable to American ideals and liberty.

Not long ago a doctor friend of ours, who is a member of an Episcopal Church, having as minister a rabid prohibitionist, gave a dinner party to some friends, at which wine was served. A few days later the minister heard of the dinner, and became apoplectic with fury. He hastened to the house of our friend to call him to account, saying: "Sir, how dare you, a member of my church have wine upon your table? I have heard, too, that you do not hesitate to say that whether a man drinks or not is his own business. What do you mean by talking such stuff? How dare you have those ideas, sir?"

Now, the doctor happens to belong to that class of men which is not easily dominated, and all this sputtering made no impression on him. So he said to his hydrophobic questioner, "Sir, I dare to have wine on my table because I am an American citizen, and have as much right to my opinion as you have to yours. Did you ever stop to think of that, sir? I am no wine-bibber, nor am I a censor of my neighbor's morals. If I choose to follow a social custom in having wine

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served at my table for those who wish it, that is my business. No man has any right to call me to account for it. I know my rights, and am quite competent to maintain them. Here is you hat, sir, and there is the street. I bid you good-day."

Soon after the doctor and his wife withdrew from that particular congregation, and, of course, his substantial contribution of five hundred dollars per annum went with him.

Here was a big-hearted, liberty-loving man forced to choose between his rights as a man and his church by the meddling proclivities of a minister who loved his own way better than the advancement of his cause.

The meddler is a busybody; an unmitigated nuisance. He is always prying into affairs which in no way concern him, and trying to convince others that his officiousness is zeal for the welfare of humanity.

The meddler is smitten with hydrophobia every time he meets a man who asserts his right to a different opinion. The meddler uses every weapon that intolerance, fanaticism or guile can forge. Men who let themselves be scared by this sort of thing make a mistake. They assign to the meddler an importance which he does not deserve.

Why should any free man bow down to another man? What right has any man to ask why you dare to believe this, that or the other, to question what you do?

A meddler is always a fool, a crank, or a hypocrite. A gentleman uses argument to convince you, but he leaves you free to make your choice. The man who would set himself up as a standard is unspeakable. There can be no standard in the affairs of men except the golden rule.

Some time ago the Editor had some dental work done which proved very satisfactory. On leaving the dentist's office one day, he met an acquaintance, who told him he had better not patronize that man, that he was not a good dentist. The Editor said: "How do you know? Did he ever do any work for you?" "No, but I have heard that he is not a good dentist." "Well," said the Editor, "the work he has done for me has been satisfactory. Better try him before you condemn him on the strength of what may be only somebody's prejudice."

The man who succeeds in any line must attend strictly to his own business. The meddler can not find time to apply this cardinal principle, because he is always censuring his neighbors, hunting for scandals, misconstruing other people's actions, seeing wrong everywhere, and putting it at his neighbor's door. He never succeeds, and blames other people for it.

Recently a meddler got a friend of ours in trouble. Asked what he thought of the meddler, he said: "I think he is a detestable cuss." The eloquence of the subject is well summed up in this homely expression.

Bosh.

A good deal of bosh is written nowadays about keeping people down, keeping them from getting up in the world. It is the talk among young men that they can not get started, that there is no chance for them. This is all pure bosh. It is impossible to keep any man down who has good health, and the determination to succeed. Of course, a man must have the necessary push. There are obstacles to be overcome, difficulties to grapple with, puzzling and trying situations to face. A listless, half-hearted man takes little interest, and is easily discouraged. But he is his own enemy. There is plenty of opportunity for those who know how to take advantage of it, who have energy, initiative and staying power. Many fail because they lack the element of steadiness. They have the necessary energy and enthusiasm to make a start, but are easily diverted from their course.

Many people think there is no success without the acquisition of large sums of money. This is a mistaken notion. There are any number of people comfortably situated, who have all they really need, and who are leading honorable, useful lives, rearing families, caring for aged relatives, extending a helping hand to assist others in preparing for a useful career, setting a good example of respectability and order.

These lives are successful in every sense. They may appear limited, but,

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after all, there are only certain things we can get out of life; all the rest is vanity. It is not outside circumstance and pomp which make a man free. It is a man's spirit which makes him free or bond. The more things a man has, as a rule, the less free he is. Only the strongest and ablest men can afford to own much. It is a wise provision of Nature that only such men succeed in accumulating large properties.

The trouble with the average unsuccessful young man is that he wants to be rich and powerful without paying the price. The man who wants to be rich must first be willing to be poor. He must learn how to economize, become thrifty. He must study and apply the laws of finance. Many young men desire money just to throw it about. They have no conception of the value of a dollar. They take no thought of what they are going to give in return for that dollar, nor of getting a substantial return when they spend it. Hence they stand perpetually in their own light. Earnestness, concentration, and the power of self-government are essential for the man who wants to get on.

Pneumonia.

We are in receipt of several letters referring to the treatment of pneumonia by respiton and iodide of potassium, a teaspoonful of respiton four times daily, in alternation with five-grain doses of the iodide, and wanting to know what is the experience of the profession, and what we know about it.

We know nothing whatever about this treatment. If anyone else does, will he kindly give the points pro and con in regard to this treatment?

Did You Ever?

Did you ever notice a big elephant in a parade, walking serenely along, with a little dog barking frantically at its heels, apparently unconscious of the dog's existence?

Did you ever notice how the little politician foams at the mouth when the big Senator will not listen to what he has to say?

Did you ever hear the little man's jealous remark that the big man does not amount to anything?

Did you ever recall the story of the fox who could not reach the grapes, and said they were sour?

Did you ever notice how some journals run down chemical houses which refuse to advertise with them?

Did you ever notice how the other fellow abuses his successful rival?

Did you ever notice how the unsuccessful fellow says, "I do it only from a sense of duty?"

Did you ever notice that calumny is the penalty of success?

Did you ever notice how perfectly the contents and tone of every number of the BRIEF refute the lies told on it?

Did you ever notice that the unsuccessful man is invariably one of those who work only for the good of humanity?

Did you ever notice that people do not seem particularly glad that we have such saints?

Did you ever notice that the Editor of the MEDICAL BRIEF says he is in favor of good proprietary medicines, good proprietary foods, proprietary household articles, and good things generally?

Did you ever notice how much the MEDICAL BRIEF is in the way of some other medical journals?

Did you ever notice what fools some people are, anyhow?

Alcohol.

The cranks have taken up another hobby. They are calling on Legislatures and Congress to pass laws requiring that all medicines shall contain a limited percentage of alcohol, forgetting the fact, *if they ever knew it*, that the virtues of certain plants can only be extracted, and held in solution by a particular percentage of alcohol, which, in some cases, is very high.

Representatives of the W. C. T. U., at Washington, are urging the passage of this legislation, claiming that patent medicines do much harm, because of the amount of alcohol they contain. This is a most ridiculous assumption. Patent medicines, as a rule, are not delectable, thirst or appetite-assuaging beverages. It is absurd to suppose that people will drink them for the sake of the alcohol in them when whisky and brandy are to be had.

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It is the same old fool idea that evils can be controlled by law. It is always being tried, and always failing. More harm is done by cocaine and morphine than by all the patent medicines and whisky in the universe. The very cranks who are always howling for laws to regulate other people are often large users of cocaine and morphine, a fact well-known to doctors.

Laws can not stop people from using beer, coffee, tea or narcotics. If they want them they will get them somehow. The most we can do is to demonstrate the evil effects of these substances. Laws prohibiting their use do no good; they merely pave the way for blackmail.

All these laws to prevent evils are part of the same old game. How nice to regulate the other fellow! Would you not think a decent fellow would get tired of being responsible for his neighbor? Is it not singular that it never seems to occur to him that the other man has some rights? Does it not seem to you that the crank who wants to deprive the German of his beer, the Irishman of his whisky, and the American of all his rights, would be a better humanitarian if he would attend to his own business, and let the rest of us worship God according to the dictates of our several consciences?

Our great Fair is closed on Sundays to please the whim of some people. Thousands and thousands of people, to whom Sunday is the sole day of recreation, are thus shut out from the opportunity of educating and improving themselves by all the beautiful and instructive sights to be enjoyed at this most wonderful of all expositions, and are tempted to go to other places outside, which the Exposition can not control.

Formulæ.

A demand is being made in some quarters for the formulæ by which preparations for physicians' prescriptions are made. This is absurd. The doctor is not interested in knowing the formula. All that he cares to know is what the remedy contains or does not contain. If he knows the ingredients which enter into a preparation, he knows how it will act, and that is all which concerns him.

If a manufacturer makes, for instance, a preparation of podophyllum, containing one or more active principles in combination with a few aromatics, the doctor does not need to be given the formula employed in order to know how to use the remedy. The doctor uses Squibb's chloroform, because he knows what the product is. The process by which it is prepared is immaterial so far as he is concerned.

If a pastry cook makes a particularly nice cake, and tells you that it contains flour, eggs, butter and oranges, all of prime quality, you are satisfied of its wholesome nature. You do not inquire into the secrets of preparation which make it so toothsome an article. It is enough for you that it possesses such distinctive excellence.

The confidence of the manufacturer of ethpharmal medicines would certainly be abused by a horde of imitators did he reveal his working formula; the uniformity of strength and reliability upon which the doctor depends as a standard for basing therapeutic calculations would be lost, the patient, himself, would lose the benefits of pure medicines.

No manufacturer, of course, would be stupid enough to give away the working process, which is the corner-stone of his business. Nor would the average doctor think of asking for or requiring it. He does not need the knowledge in his practice. In fact, the demand is so altogether out of reason as to suggest a coon around somewhere.

Lemon Juice.

We have received inquiries from several different sources, requesting information as to the treatment of typhoid fever with lemon juice.

We must admit that, personally, we have had no experience with this remedy, and do not know much about it; therefore, would ask those who have tried it to tell us what they have learned about it. So many inquiries prove there must be something in it. So much smoke must indicate a little fire.

A medical friend has employed the fresh juice in two or three cases, squeezing a teaspoonful from a lemon into a small glass of water, and repeating the

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dose every three hours, with seemingly good results. But he thinks this treatment is too new for him to sign his name to an article on the subject for the BRIEF. If any of our readers have had experience with the lemon juice method of treating typhoid, we shall be glad to hear from them. It is a subject of which we know nothing, but we should all be constantly on the alert to learn anything new in therapeutics.

Give not only your results, but any theories you may have formed as to its action. Such theories, particularly if they seem to be substantiated by experience, are often of use in extending the therapeutic application of a successful remedy.

Iron Preparations.

Among the many fine preparations of iron there is probably none better than Tilden's hydrocyanite of iron. This preparation is especially adapted to the treatment of nervous disorders, such as epilepsy, neurasthenia, neuralgias, chorea, vertigo, and similar affections. It exercises a sedative influence over the spinal nerve centers, and may be given in conjunction with calmatives or whatever other treatment is indicated, to great advantage.

The Reporter.

The reporter, as a rule, is the hardest-worked and poorest-paid man in any line of business, when his ability is taken into consideration. This question has been much discussed by both reporters and newspapers. The natural remedy for this state of affairs is to have each reporter sign his own name to each article which he writes. The result would be to make the reporter more careful and accurate in his statements. He would be able to command a better salary. The newspaper would secure more efficient service. Its news would be more reliable. Hence its circulation and influence would increase, its advertising space command higher prices. These advantages would enable the counting house to pay better salaries, and still realize a handsome profit on such a policy.

The fear expressed by some newspapers that if they should adopt a rule that all articles must be signed, their good reporters would be taken away from them by other newspapers, is baseless, for the improved service thus secured would put the business into a more flourishing state, which would enable it to pay as high salaries as any other paper could afford.

This idea is not theoretical, but is based on the experience of the MEDICAL BRIEF. This journal employs only the best men, and pays them good salaries, which are increased as fast as the profits of the business warrant. As a result, there are no changes in our staff, and new men are added from time to time, as the developments require.

The MEDICAL BRIEF has found that a liberal policy pays best. The well-paid man is ambitious and anxious to serve his employers to the extent of his powers. The man who has no more work to do than he can do with ease, turns out a higher grade of work. The efficient service thus secured results in an increased circulation, and larger advertising returns, which more than offset the increased expense.

We hope some newspaper man will test the efficacy of this remedy. It will raise journalism to a higher level, provide a future for the reporter, and make the newspaper business pay better than it has ever done before.

Treat Your Neighbor Fairly.

The average man has a certain amount of prejudice and selfishness which makes him incapable of being fair to any opponent in business, politics, religion, etc. He should realize this, and try to cultivate a just and fair frame of mind until it becomes habitual. It may be hard, but he will find it better for himself and for his business. Nothing hurts a man like unfairness. The fair man always has the support of the public. To be unfair, even if it goes no further than thought, does one harm. Other men have the same right to their beliefs that we have to ours. Other men are privileged to run their businesses to suit their own ideas. No man has the right to set himself up as a standard; it only shows

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the smallness of his nature when he does it.

Instead of jealously brooding over the successes of others, let a man devote his mental powers to thinking out new methods of advancing his business, blazing the path of progress in new and untried directions, adding something of use to the general stock of knowledge.

The doctor ought to cultivate the habit of viewing men tolerantly and with sympathy. This will enable him to treat his competitor with fairness, and will secure for him the respect and esteem of his community. Reason out things from the standpoint of merit and merit alone. Base your judgments on ascertained facts. Whatever may be said about the MEDICAL BRIEF no one can say that it has ever been unfair in any of its methods of doing business.

Sooner or later everything must stand on a basis of merit and truth. This is the experience of the world, and it is being demonstrated again and again all the time. Facts and truth have a way of coming to light. If one man is a better merchant, journalist, etc., than another, it will come out. Nothing can stop it. The sensible man will get in line with the forces of Nature.

Unfair methods never succeed in the long run. Let your neighbor do the abusing. As for you, pursue the methods that deserve success. The results will justify you. Always remember that truth will out in spite of all efforts to the contrary. The experience of the world demonstrates that it is much more profitable for a man to pluck the beam from his own eye instead of spending his time trying to remove the mote from his neighbor's.

Nothing casts so much ignominy on the medical profession as the habit of certain small minds in it of designating as quacks and disreputable men those who do things in a different way, or who have different ideas, forgetting the fact that the public knows, and can judge, as to whether a man is disreputable and a quack.

When an educated man resorts to personalities, the only result is to reflect on his own character, and the profession to which he belongs.

Suggestion Again.

We have received a great many letters in regard to the editorial "Suggestion," which appeared in the May BRIEF, requesting a further expression of our views on this interesting subject. We should be glad to comply with this request but, unfortunately, we have told about all we know.

One doctor writes that the Eddyites and Dowieites do succeed, in many instances, to his personal knowledge, in curing the liquor habit, and asking why it is that these societies have better success in curing such cases by means of suggestion than has the individual.

If the Doctor will stop to think a moment, the natural explanation will occur to him. When a man attends a society where all believe one way, where faith is constantly kept aroused to the pitch of enthusiasm, where cases are exhibited and dilated on from time to time as examples of cure, his own faith is stimulated to rapid growth, and his chance of a cure increased that much.

Faith is contagious. The man who spends much time in its atmosphere will feel and show the effect of it. As was said in the first editorial on suggestion, anything done by word or deed to stimulate a patient's faith increases the chance of a cure, for the healing power resides in the patient, and is invoked or set in operation by the patient's faith. The healer has no special power beyond the means he may possess or employ to convince or impress the patient. A man of strong personality would naturally do this more effectively than one of less positive nature.

Suggestion is naturally of more value to the practicing physician than to anyone else, because he can use it to help the operation of his remedies, and because he realizes its limitations. Failure is bound to result from an effort to make suggestion do too much. It is simply one of a number of therapeutic agents.

It is always necessary to guard against extreme views. The doctor should never lose sight of the fact *that the healing power lies in the patient*, not in the healer. The patient may cure himself by auto-suggestion, if he has the necessary faith. On the other hand, an ob-

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stinately skeptical frame of mind will set the efforts of the most expert mental healer at naught.

This healing power is as simple as it seems incomprehensible to many. It comes from no occult source. The effect of mystery has been used to heighten faith, but there is no mystery further than all life is in some sort a mystery. The law of suggestion is easily grasped and easily applied by anyone who has the requisite tact and force of nature. It can never act out of its legitimate sphere, nor can it ever take the place of material remedies in the successful treatment of disease.

The Divine Fact.

The vital importance of safe-guarding the rights of the individual is a divine fact that was taught by Jesus, and all Nature and all experience since the world began. This fact, of the sacredness and essential nature of individual rights, is fundamental to all progress and all civilization. It can not be violated by any device or design of man without suffering the penalty. The violation of individual rights, however subtly done, is the first step towards degeneracy. It spells political and industrial ruin, individual slavery.

Organizations constitute a favorite instrument of this age for making war on individual rights. They are formed in the first place for good purposes, but sooner or later the immense power which they wield passes into the hands of a few grafters, and in its last estate the organization comes to be the greatest of all crimes against the welfare of man and society.

Few people, unfortunately, are alive to the seriousness of the situation to-day.

On one hand we have great labor organizations which prevent a man from working when his children are crying for bread. Organizations which order strikes for sympathy or in order to boycott some business man who does not do exactly to suit them. Organizations which put the price of membership so high as to exclude the men who most need work. Organizations which insist on the ability to work of the slowest and laziest being the standard for all. Organizations which exact wages beyond what conditions warrant, and thus cripple allied trades.

On the other hand, we find the trust, an immense aggregation of capital and power, warring on small individual enterprises through illegitimate means, as, for instance, the temporary reduction of prices below actual cost, in the determination to starve out all competition, and create a monopoly. Organizations capitalized beyond their assets and resources, forced to try to earn dividends on watered stock, resorting to dubious ventures, lobbying for special laws and privileges, creating a mania for stock-gambling, roping in small investors on whom the worthless watered stock is unloaded.

Then we have the organization which has for its propaganda, socialism, and which wants the government to own everything, and control everybody, and which, if put in practical operation, would give us an unparalleled era of corruption and jobbery, leading straight to military despotism.

If history has made any one fact plain, it is that progress is made by the individual. The individual liberty is the condition of progress, the essence of happiness. It has been bought by blood a number of times and then lost because men foolishly relinquish their birthright to organizations which seem good to them. This is the universal mistake.

No organization, however pure the purposes for which it was created, is safe. Sooner or later it plays the part of tyrant and vampire, enslaving and feeding upon the very men who surrendered their Heaven-given rights and powers to its keeping.

The idea of boycotting a man's business because he does not hold the political, medical or religious views which the organization approves.

The idea of forbidding a physician to attend the sick child of a non-union man. Labor unions have gone this far. The liberty of the profession is menaced by an organization which will go much further. An organization which will summon the doctor to defend himself for doing this, that and the other, which seemed to him best but of which the organization arbitrarily disapproves and

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for which it will punish him to the extent of its power.

What man has the right to say you shall not practice medicine unless you conform to his standard? What man or set of men has the right to punish you because you hold opinions at variance with their own? Is not a man a monumental egotist who assumes the right to judge for others? Results must ever be the criterion of success. Nature gives us facts, not explanations.

No man has a right to say that any other man shall not play base ball, black boots or fish on Sundays if he wishes to do any of these things. Every American has a guaranteed right to do exactly as he pleases so long as he does not interfere with his neighbor's equal rights.

Men should be taught from the cradle up to be more jealous of their natural rights as individuals. There should be brought home to them a vivid realization of all they mean, and the barrenness of life stripped of these rights and privileges. Such teaching as this furnishes the right material for citizens—true heirs of our Republic.

The great fight of this age—the great fight between right and wrong—is whether man shall succumb to the rule of organizations or regain his constitutional rights. Resistance to usurped authority is the divine fact inculcated by Jesus. The greatest Christian virtue a man can have is to resolve that cost what it may he will never submit to arbitrary dictation or interference in his affairs. That he will do what he likes—what he thinks best—so long, of course, as he commits no crime against his fellow-man.

The divine fact of individual liberty is the basis of civilization—the root of immortality. A man should guard it with all he holds most dear. And let him go about it practically. Let him resent and resist every attempt, however small, to dictate to him. Let him scrutinize conditions and watch tendencies. Jesus counseled aggression in fighting evils. Let the doctor and the citizen take open issue with every sentiment and act which would tend to fasten on them the blight of authority.

The present attempt to precipitate in the medical profession the evils and miseries which follow in the train of all powerful organizations, is one which should be steadfastly and aggressively fought by every doctor and every medical editor in the land. Doctors are an intelligent and educated class of men and should lead in the fight against all organizations of whatsoever kind and character. The doctor should encourage and support individual enterprise wherever possible. His is the opportunity to inculcate the divine origin of man's rights and the divine destiny for which their exercise prepares him. Jesus preferred a cruel death to conformity. Liberty is the divine fact for which his life stood.

None but a hypocrite would set himself up as a standard by which others shall be judged. Every man has the same right to do what seems good to him that the rose has to bloom or the vine to bear. The principles of common law and public opinion will prevent him from injuring his neighbor. Beyond this no one has any right to control him. Education and advice are free fountains of knowledge of which he may partake if he so desires. He carries his sovereignty under his hat. The man or set of men who would take it from him under any plea, or for any purpose, wrong him irreparably. They are his worst enemies, and as such he should recognize and treat them.

Assert yourself straight through life. Go after what you want, and do not stop till you get it. You will be hustled and jostled, your right and place disputed, you will be criticized and ridiculed, the confidence man is at your elbow all the time. Pay no attention. Do not be overawed or intimidated or sold. Do not be somebody's cats-paw or anybody's slave. Be good-natured, honest and fair, but hold your footing, and insist on having your due. Think out your position, and play your own cards. BE A FREE MAN.

The Physician's Responsibility.

Too much emphasis can not be placed upon the importance of using only pure and reliable drugs in treating the sick. Every doctor occupies a position of trust in this respect. Upon him devolves the responsibility to see that his patients get the best which his skill, care and knowledge can furnish them.

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Every doctor knows that commercial drugs vary greatly in purity and potency. Some of them lie in warehouses until they become inert. Others lose their virtue by exposure to dampness or heat, some of them are worm-eaten, certain species are gathered in parts where the soil and climate are unfavorable to the development of the medicinal principles. Chemicals frequently contain impurities which vitiate the therapeutic action of the drug, and in some cases produce distinctly harmful results.

Self-interest and a sense of duty alike impel the doctor to seek to procure for his patients medicines which are free from these objections. Here is where the advantages of the ethpharmal proprietary medicines appeal to the scientific physician. With the ethpharmal proprietary medicine the standard of manufacture has been raised and made uniform. The manufacturer has gone to work with the idea of eliminating the objectionable features, the doubt and uncertainty, which attend medication where poor preparations are all that can be obtained.

To this end, the manufacturer has studied plants, ascertained by scientific tests what sections produce the greatest percentage of active principles, learned the most favorable time to gather the parts he designs to use, and contracts for direct shipment to his laboratory. He has experimented with various solvents and studied all the steps necessary to yield the most perfect product. His preparations are assayed to ensure uniform strength.

Can any man in his sober senses doubt that a medicine made with these pains and precautions must rank higher than the commercial article?

Can any unprejudiced man doubt that the patient treated with an ethpharmal proprietary medicine stands a better chance than if the doctor prescribed a drug of uncertain strength?

How can a doctor acquire an accurate knowledge of therapeutics or any skill in prescribing who habitually employs medicines promiscuously prepared? He has no standard of dosage, no guarantee of uniformity, nothing whatever to guide him in making his calculations.

There are preparations of digitalis of which a few drops is ample dose, others of which a teaspoonful would be required to produce any effect. There are preparations of paregoric, which, prescribed in the ordinary dose, send Johnnie running for the doctor with the disquieting news that "Ma says the baby's dying." Others of which the doctor hears that "The medicine didn't seem to do her any good, Doctor."

Prescribe one of the ethpharmal medicines according to its indications, and you get the same effect unfailingly. This is so true that where you fail to produce results it is either due to substitution or an error in diagnosis has been made.

One thing necessary for the doctor to guard against is a disposition on the part of many patients to economize in the filling of prescriptions. They patronize the cut-price druggist. Now, the man who cuts prices usually buys the cheapest commercial drugs, and any saving is merely apparent. The loss in quality and efficacy is something which the untrained mind does not readily appreciate. It is none the less real, and the doctor should educate his patients along these lines.

The cost has to be taken out somewhere. In the case of medicines and foods, it is more profitable to let the first cost be the whole cost. For illustration, ptomaine poisoning as a result of eating bad foods would make the total cost staggering. Heart failure owing to inert drugs or poisoning from preparations made with wood alcohol would cost the patient his all.

It does not take a great deal of medicine, nor even of food, to fill the requirements, if the quality is prime. The difference in cost between good and bad medicines is very small, the number of doses required is limited, but the difference in results may make or destroy a doctor's reputation, may save or lose a life.

Merit Alone.

The success of the MEDICAL BRIEF is founded on merit alone. The MEDICAL BRIEF is not the organ of any society, syndicate or manufacturer. The man who says so, simply lies. It is owned absolutely by the Editor, and no one else

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has any interest in it whatever. All the editorials are either written, or dictated, by the Editor, and always have been. He writes editorials on medical, religious, political and allied subjects of interest to the doctor. For the views expressed in these editorials no one is in the slightest degree responsible except the Editor.

During the past year the MEDICAL BRIEF has gained more subscribers than in any previous year in its history. Its thousands of friends have manifested their kind feeling by sending in letters enthusiastically commending our course. The best men in the profession the world over take the MEDICAL BRIEF and *pay for it.* The best and most distinguished men in Europe and America, men with whom it is an honor to be associated, write for the BRIEF. No journal has a more scientific body of writers than those who contribute to our columns. No journal is more ethical and fair in its treatment of the medical profession. Our contemporaries have our best wishes.

The prosperity and popularity of the MEDICAL BRIEF has aroused envy and malice in certain quarters, in consequence of which many lies have been told about it. We are not going to please the instigators of these lies by giving them a lot of free advertising; but can you recall, in literature or the trades, an instance where journalists have resorted to personal abuse as a competitive method? It is unfortunate for medicine that it should have been reserved for the medical ranks to resort to personalities. Personal abuse is the weapon which fools, cranks and thieves use.

It is plain to anyone who has ever examined a copy of the BRIEF that people who call it disreputable are actuated by bad motives and have axes to grind. It is only necessary to read the BRIEF to see that it contains many good ideas and a mass of practical matter in a condensed form, that it is high in its tone, fair and ethical in every position which it takes. The BRIEF itself is an all-sufficient answer to any lie which may be told about it.

There is no possible way to stop the BRIEF, and its enemies might as well realize it. The BRIEF will continue to enlarge, improve and add new features from time to time. The Editor has watched the BRIEF grow from infancy to its present lusty stature, and he loves it as a father loves his child. The BRIEF is constantly making new gains in subscribers and advertisements and will naturally grow better and better as fast as these justify.

Nor need it be supposed that the Editor can be stopped from saying what he thinks about medicines or anything else. The Editor claims the same right which he concedes to others—the right of free expression of his opinion. Insinuations and misconstruction of his motives do not disconcert him in the least. The man who accomplishes anything is certain to be criticized and villified. It is absurd to be either hurt or influenced by it. It forms the background for all success. The sensible man does his duty as he sees it and does not trouble to reply to those who villify him. Time is too short to deny all the lies which may be told about one. The liar is never out of material, and the most indefatigable worker could never keep up with him. A man must be very simple, indeed, not to see through the lies told about the BRIEF, especially if he has ever seen a number of this journal.

The Louisiana Purchase Exposition The Marvel of the Age.

It is given to few of us to realize our dreams of the world beautiful, or to have our castles in Spain made tangible realities. The St. Louis World's Fair is the practical, satisfying embodiment of man's idealism, his dreams and visions.

Immensity is the first feature that strikes the visitor, next the artistic arrangement and setting of the living picture. And the contents are worthy of the space, care and thought devoted to their display.

Nothing to equal Festival Hall and the Cascades has ever been seen in this country. Americans have been accused of caring little for poetry and art. The first glimpse of the architectural and sculptural beauties of the Fair, the sparkling iridescence of ninety thousand gallons of water plunging down the Cascades every minute, will disabuse the mind forever of this notion.

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The law of the beauties of contrast has been carefully observed. Hill and dale, fresh green lawn and bright-colored flowers, the background of forest growth, the soft ivory tint of the buildings, the many hues of the waters, and crowning all, the gorgeous illumination at night, combine to create an indescribable effect. The thrill of it must be felt to be understood.

The greatness of this Exposition is not to be put in words; it must be experienced. The man who misses this opportunity at self-improvement and enjoyment wrongs himself irreparably. Only once in a life-time does such an opportunity for broadening one's mental field and cultivating one's tastes come right to our doors.

There is not a single jarring note in this wonderful Exposition, gigantic as is the scale upon which it is built. Everything fits, everything is appropriate. Nothing has been slighted down to the smallest detail.

The natural difficulties overcome in changing and conforming the landscape to the plans, the stupendous underground machinery necessitated for the successful working of various industries and features of the Fair are marvels in their way, interesting to the man who likes to know how results are accomplished.

The wonderful variety of this great Exposition is sufficient to gratify the tastes and inclinations of all. The most exacting, the most world-worn and blase, will find here something new and interesting every day. In fact, any effort to describe the Exposition is vain. Language is soon exhausted and gives no true conception of the marvels and beauties of which words are such poor and inadequate representatives. You must come and let your own senses be ravished, your own mind fed, at this unfailing fountain of beauty and knowledge. If you miss the opportunity you will never cease to regret it. Sir Hugh Gilzean-Reid, of London, President of the World's Press Parliament, chief founder and ex-president of the British Institute of Journalists, says the Exposition is worth coming thousands of miles to see. Every visitor to the Fair will echo this sentiment.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Boys, I'm going to give you a prescription which makes the treatment of pneumonia a regular cinch. Put ten drops of tincture of ipecac and ten drops of tincture of aconite to four ounces of respiton, and give half to one teaspoonful every two or three hours. This is the finest fever mixture I ever saw, useful in all conditions where there is increased temperature, and drying of the secretions. If you use it once you'll always use it. It beats antipyretics and coal tar preparations. No need for cold baths. Try it and you'll be astonished how fine it acts. Be sure not to use more than ten drops of the aconite and ipecac, for respiton, itself, acts so nicely on the skin it is not necessary. Now, you can just take Old Doc's word for it there's nothing finer than this for every kind of fever.

Say, boys, don't let your confinement cases go into labor with the eliminating organs in a sluggish state. Not only should the bowels be well cleared out, but the skin should be moist, the eyes clear, and the pulse normal, both as to rate and character.

If you want to be scientifically accurate, you can examine the urine also. Usually with the pulse and skin as above, you can gamble on it that the kidneys are on time.

A little care in regard to this matter of elimination beforehand will usually save you any of those unpleasant surprises in the way of puerperal convulsions, mania after child-birth, or puerperal fever. Your cases will get well quicker, and if they don't rise up and call you blessed, the chances are they'll pay the bill more promptly, and, to my way of thinking, that is even more satisfactory.

Say, boys, here's a first-class recipe for lumbago: Give twenty to thirty-grain doses of the chloride of ammonia, and apply a belladonna plaster over the affected muscles. It's fine; try it.

Sugar is much more apt to induce acid fermentation than starchy foods, and should be the first article cut out of a dyspeptic's feed. Sugar in moderation is good for children and adults in health,

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especially persons of active habits, but it takes a mighty good digestion to manage sweets in any quantity. Many a baby can be quickly cured of indigestion if the mother will quit giving it sugar or cake and candy as a peace-maker or bribe. Many an idle woman owes her dyspepsia to a habit of nibbling sweets. Don't expect to cure them unless you can break up this bad habit. Seng will relieve the dyspepsia if you can make them eat like Christians.

A few doses of an alkali, with or without calomel, is a first-rate starter in acid indigestion; then your seng, one or two teaspoonfuls after meals, and if there is a tendency to constipation, with colicky pains, a daily dose of olive oil or glycerine may prove of help in the treatment.

I see where some doctor has been treating sciatica successfully with hypodermic injections of atropine. He puts a grain of the sulphate in one hundred drops of water, and injects three drops of this solution just below the hip-joint at bedtime. The injection must be sufficient to cause physiological effects lasting at least twelve hours, the injection not to be repeated until these symptoms wear off. He claims a large number of permanent cures. Have any of the BRIEF readers tried this?

Say, boys, when you run across a patient who has trouble keeping his food down, tell him (it's usually a her) to eat slowly, chewing the food well, and to lie down during digestion. Lemon juice is a valuable quieter of the stomach in some instances. Occasionally, drop doses of Fowler's solution does the work. Every indication of hurry or excitement should be put away at meal-times.

Many people are pale and lacking in vigor not because there is anything wrong with the blood itself, but simply because they do not make enough of it. They don't live the kind of a life which causes a demand for an abundant blood supply. Turn them outdoors, let them rough it, and get weather-beaten, and my word for it, the blood-making organs will get right down to work. Civilization puts a heavy tax on vitality, but we doctors ought not to kick, eh, boys?

Here's an item you don't want to forget. In case of poisoning by any of the soluble salts such as corrosive sublimate, acetate of lead, blue vitriol, etc., put all the bicarbonate of soda in a glass of water which it will take up, and repeat the dose at frequent intervals. It is a good antidote, acting quickly, and is to be found in every home.

Antikamnia, quinine and codeine tablets are first-rate in acute articular rheumatism, where the pain and fever are stubborn symptoms. You can give one three or four times daily.

Say, boys, an ointment of lanoline, containing five per cent of guaiacol, makes a fine application for mumps, also in orchitis.

You can control spasm of the glottis by giving frequent small doses of belladonna, and the same thing should work to the relief of hiccough, although I have never tried it so far.

It is said that carbonate of ammonia is a sure cure for hemorrhages from the nose. Two grains should be given every ten minutes during an attack, and in the intervals the same dose three or four times a day to cure the tendency. Cases of oozing from the septum, due to a roughening or ulceration will, of course, need local treatment.

Boys, don't overlook the supreme importance of forming a habit of self-control, providing some agreeable occupation of the mind, and systematically strengthening the will-power as aids to drugs in the cure of chronic disease.

Well, so long. May you each and all, not forgetting the good old BRIEF, live long and prosper.

Enclosed find one dollar for your valuable journal, the MEDICAL BRIEF.—T. G. MILLER, M. D., Gaylesville, Ala.

[Written for the MEDICAL BRIEF.]

Enuresis.

BY A. R. GUMBERTS, M. D.,
Rochester, N. Y.

Dr. Wright seems to have tried everything in line of medical treatment for enuresis. Suppose he examine the boys for elongated and adherent prepuce. If he finds it, circumcise, and I believe he will cure cases.

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THE MEDICAL BRIEF

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[Written for the MEDICAL BRIEF.]

The Diagnosis of Fracture of the Base of the Skull.

BY ARCHIBALD YOUNG, B. SC., M. B., C. M.,

Late Senior Assistant to the Regius Professor of Surgery and Demonstrator of Operative Surgery in the University of Glasgow; Extra Honorary Surgeon, Royal Hospital for Sick Children, Glasgow; Extra Dispensary Surgeon, Western Infirmary, Glasgow; Examiner for St. Andrew's Ambulance Association; Late Surgeon to the Central Dispensary, Glasgow; Late Civilian Surgeon at No. 3, General Hospital, Kroonstadt, Orange River Colony, and No. 17 Field Hospital, Krugersdorp, Transvaal. Glasgow, Scotland.

The diagnosis of fracture of the base of the skull is not always a simple matter.

In this it contrasts with the diagnosis of fracture of the cranial vault. Here there are many points in the observer's favor. The bone is practically subcutaneous and any irregularity of outline or contour can usually be readily detected by sight or touch. Fracture of the vault is very often associated with an open wound, and in such a case there ought not to be much difficulty in arriving at a satisfactory diagnosis. Further, in not a few cases, irritative signs, due to projection of bone fragments into the cerebral cortex, furnish from the first definite enough localizing signs. At the worst, it is easy—a quite good practice, granted one attention to asepsis—to settle the matter by incising the scalp and making a direct scrutiny of any suspected region. On the other hand, the three fossæ into which it is customary to divide the cranial base are all more or less removed from direct observation except at their edges; there is seldom gross or notable displacement of bone—the fracture being in the case of the base, usually of the "fissured" variety—and it can hardly be suggested as justifiable practice to explore the base of the skull in order to settle the matter, though a similar procedure may, in the case of fractures of the vault, be readily enough followed without particular detriment to the patient.

It is probable that such fractures occur with much greater frequency than is generally recognized.

I believe that not a few injuries, which are regarded and treated as of a simple nature, are in reality associated with fracture of the base of the skull. This is specially so in the case of the anterior fossa.

How many medical men, for example—aye, even surgeons of some repute—keep sufficiently before them the possibility of an apparently simple fracture of the nasal bones, being in reality but a part of a more complex injury?

How many of us make it a simple matter of routine in such injuries to consider all as possible—even probable—fractures of the anterior fossa of the skull? I fancy the answer can only be, "very few."

Remember the plain anatomical fact of the close, bony relations between the

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lachrymal bones, superior maxillæ, ethmoids, frontals, and nasal bones.

In particular, bear in mind the relative fragility of the critriform plate of the ethmoid.

Surely, with an injury so common as a "broken nose," and so fragile a bone as the ethmoid, in the direct line of violence, it is hard to believe that fracture of the anterior fossa of the skull is not much more common than is generally supposed.

And yet, how little importance most of us are apt to attach to such a simple, everyday accident, except as regards the possible effect on the facial beauty of the recipient.

Or take that more or less prosaic injury known properly, in its effects, as a "black eye." Has not it also often enough a much larger issue? Unquestionably it has, and yet this is not sufficiently recognized.

The ordinary "black eye" is a definite enough form of injury, as I hope to show further on, but it is enough, for the present, to say that, unless the observer be both trained and careful, he may easily enough confuse it with the conjunctival, palpebræ and circum-orbital ecchymosis which occurs in cases of fracture of the orbital plate of the frontal bone.

Not only so, but the well-recognized "black eye" may exist *along with* a fracture of the base of the skull.

It is a well-recognized, though hardly sufficiently remembered fact that *a fracture of the base of the skull may* be present and yet *give rise to no obvious symptoms or signs.*

It is recognized, too, that such a fracture is often enough overlooked simply because the surgeon's attention is riveted upon the relief of coexistent damage to the cranial vault.

Further, it is by no means an uncommon thing for the first suspicion of such an injury to be suggested by the appearance, at a later date, of some troublesome or grave symptoms of a mental, or intellectual, or visual nature—the so-called "late effects" of fracture of the skull.

In order to a proper appreciation of the most essential points in the diagnosis of such injuries it is well to glance briefly at their method of production.

ETIOLOGY.

1. *They may be caused by direct violence.*

Thus, the frontal ridges may be *directly* broken, and the anterior fossa of the skull damaged, by a direct blow over the eyes.

The orbital plate and anterior fossa of the skull may be fractured in penetrating wounds of the orbit, the critriform plate of the ethmoid broken by similar violence through the roof of the nose, and the middle or posterior fossa by the impaction of some foreign body or sharp instrument through the nose or pharynx.

A sharp blow on the nape of the neck may easily occasion fracture of the posterior fossa.

2. *They may also be caused by indirect violence.*

Thus, a blow on the nose may cause a fracture not merely of the nasal bones, but also of the anterior fossa of the skull.

Violence received by the orbital margins or frontal ridges may cause fracture of the middle fossa as well as of the anterior.

It is well known that a fall or blow upon the chin may cause fracture of the base of the skull, such a fracture not by any means always confined to the middle fossa, but sometimes extending widely and involving other fossæ.

In falls upon the feet or buttocks the spine may be impacted into the base of the skull, fracturing the posterior fossa.

It has, of late, become rather fashionable to deny the place of "contre-coup" as a factor in the production, or extension, of fractures of the base of the skull.

I think this is a mistaken view. It seems to have, in all probability, as justifiable a place in the causation of such fractures as it undoubtedly holds in that of brain laceration or contusion. Thus, a fracture of the cranial vault, say in the left parietal region, may be associated with fracture of the opposite portion of the base—the right orbital plate.

At the same time it must be said that, *where fractures of the cranial vault and base coexist, it is usual for* the fracture of the vault to extend directly into the other, and for *the part of the vault fractured to correspond with the fossa fractured in the base. It is probably rare for a frac-*

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ture of the base to be limited absolutely to one fossa, except in the case of some of the minor degrees of injury to the anterior fossa. Fractures of the middle fossa are apt to encroach on the posterior, and those of the anterior fossa are often enough continued into the middle.

It will be seen, then, that the classification of such fractures according as they affect one of the three fossæ already mentioned, is a somewhat arbitrary one. It is only justifiable as an aid to diagnosis and to the formation of a proper clinical picture.

Further, in view of what has been said as to the likelihood of fractures of the anterior fossa being much more frequent of occurrence than is generally supposed or taught, it will be readily understood that the statement, found in most text-books, as to fractures of the middle fossa forming about two-thirds of the whole of the fractures of the base of the skull, is probably incorrect.

In considering the question of diagnosis, then, it may be well to adopt for the present the classification of these fractures according to the fossa chiefly implicated.

FRACTURES OF THE ANTERIOR FOSSA.

These include a large and varied assortment of injuries in which the orbital plate on one or both sides, the frontal ridges, the orbital margins, the crista galli, the cribriform plate of the ethmoid, and the lesser wing of the sphenoid, are, independently, or in association, fractured. As has been already said, they may be associated with fractures of nasal, lacrymal, malar and other facial bones, or with fractures of the vault.

The most characteristic signs of fracture of this fossa are (a) *epistaxis.* (b) *escape of cerebro-spinal fluid from the nostrils*, (c) *extravasation of blood into the orbit and under the conjunctiva.*

There may also be (d) *anosuria—loss of sense of smell*, and (e) more or less obscure *mental disturbance*, and other indications, such as *loss of memory, progressive failure in the faculty of sustained attention*, which are recognized as associated with injury to the frontal lobes of the brain.

The last two, however—*i. e.*, (d) and (e)—may be put out of count as a rule. as regards (d), although there may in some cases be damage to the olfactory lobes or to nerve filaments as they pierce the cribriform plate, still, unless the loss of sense of smell persist for some time, it is not of much diagnostic value; besides, in ordinary fractures of the nasal bones, there is usually some degree of anosuria present, for a time at least.

As regards (e), the mental disturbances spoken of are likely to be late in appearance—or, at least, they are unlikely to be early remarked and definitely demonstrated.

(*a*) *Epistaxis.*—Bleeding from the nose in these fractures is not in itself diagnostic. It occurs of course frequently enough where no fracture at all is present. Also it occurs in fractures of the nasal bones alone.

It is of more diagnostic value if it be copious and persistent. It should also be said that in fracture of the anterior fossa the blood comes away from both nostrils, not merely from one, as it may do in the simpler injuries. On the other hand, fracture of the orbital plate on one or both sides may be present without any blood escaping from the nostrils.

The source of the blood is, as a rule, primarily the nasal mucous membrane, but the later flow comes in great part from the vessels of the closely adherent dura mater and pia-arachnoid overlying the fracture.

Here it may be well to remind the reader of the extremely close adhesion of the dura mater to the bone over the whole internal aspect of the base of the skull; so close a union indeed that it would be almost impossible for the bone to be fractured without the membranes being at the same time torn.

This is in marked contrast to the condition of things over the vault, where the dura strips easily from the inner aspect of the bone.

The importance of this as affecting the rapidity and extent of extra-dural extravasation of blood may be understood. In the base of the skull blood effusion between dura and bone is pretty effectually checked; over the vault it occurs readily enough.

Any blood, therefore, extravasated about the base either spreads intra-durally, in the pia-arachnoid, or escapes directly

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through the fissure in the bone. It does not collect and accumulate *between* dura and bone.

(b) *Escape of cerebro-spinal fluid from the nostrils.*—This, if established, is a much more decided aid to diagnosis. It implies at once the tearing of the nasal mucous membrane, fracture of the cribriform plate, and tearing of the dura and pia-arachnoid. It may not appear at once, perhaps even not for some days after the injury. Its early appearance usually implies a pretty severe fracture.

It must be distinguished from simple serous or sero-sanguineous fluid, and from the simple discharge of a nasal catarrh.

Cerebro-spinal fluid is a clear, watery fluid, which may of course be mixed with blood in varying amount. It has a low specific gravity (much lower than that of blood serum), is only very slightly albuminous, contains usually a fair quantity of salt and occasionally a minute amount of sugar.

(c) *Extravasation of blood into the orbit and under the conjunctiva.*—This implies fracture of the orbital plate on one or both sides, with tearing of pericranium or periosteum lining in the orbit, if poured out in any quantity into the orbit the blood will cause first of all a subjective and objective sensation of *orbital tension;* later there may be very notable *exophthalmos or bulging of the eyeball.* Still later, the globe may become quite fixed if the amount of extravasation is considerable. There may even be temporary blindness from pressure on or hemorrhage into, the optic nerve or its sheath. When there is much blood thrown out, the eyelids may also become somewhat fixed, the patient being unable to open his eye or eyes by voluntary effort. *Sub-conjunctival ecchymosis* usually appears early, and while the lids can be freely opened. The conjunctiva of the lower lid is infiltrated first, the upper lid being affected only at a later period, and often escaping completely. In time, a certain amount of ecchymosis may occur into the subcutaneous tissue around. *This condition of affairs,* it has already been indicated, *must be distinguished from an ordinary "black eye."* In fracture the blood is usually bright in color and remains so, being oxygenated, so it is thought, through the conjunctiva, while in a "black eye" the blood is dark in color.

Sub-conjunctival ecchymosis does not often occur to any extent in an ordinary "black eye."

The sequence of the effusion is also important; in fracture the extravasation is first of all into the conjunctiva of the lower part of the globe, then into the lower lid, and much later into the upper. There is no such definite sequence in the simpler condition.

Even when there is much circumorbital effusion it is usually found, in fracture, that the extravasation is into the subcutaneous tissue, the skin overlaying it being at first quite unaffected, while the blood effusion in an ordinary "black eye" is from the beginning, and very markedly, into the substance of the skin. Also, there may be, in fracture, no evidence of external bruising, while in a "black eye" there is bound to be considerable bruising of the soft tissues superficially all round the affected eye.

Lastly, *it is unlikely that both eyes will be affected symmetrically except where a fracture of the anterior fossa exists, unless each eye region has been separately injured.*

(To be continued.)

[Written for the MEDICAL BRIEF.]

The Operative Treatment of Cirrhosis of the Liver.

BY WILLIAM MURRELL, M. D., F. R. C. P.,

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In hospital practice it is not uncommon to meet with patients suffering from cirrhosis of the liver from whom no history of alcoholism can be obtained. This is explicable in part on the supposition that people have a natural disinclination to incriminate themselves, and partly on the ground that there is not the opportunity that is afforded in private practice of hearing from friends and others an account of the patient's habits and indulgences. Apart from this, however, it is probable that many cases are not of alcoholic origin. Alcohol is only one mem-

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ber of the toxæmia or intoxications, and we have other familiar examples in morphinism, chloralism, sulphonalism, trionalism and cocainism, although they may not exert the same injurious effect on the liver and spleen. Then there are the various forms of ptomaine poisoning, such as kreotoxismus, galactoxismus, icthiotoxismus and tyrotoxismus, due to the ingestion respectively of infected meat, milk, fish and cheese. How far these may exert a permanently bad effect on the different organs of the body it is difficult to say. With regard to the action of plumbisum or saturnism, we are less in the dark, and Dr. Thomas Oliver, of Newcastle-on-Tyne, in his well-known Gulstonian lectures on "Lead Poisoning in its Acute and Chronic Forms," has shown that in the liver of lead workers there is found an atrophied, cloudy or granular condition of hepatic cells amounting at times to a true fatty degeneration. "The columns of cells become irregular and slender and thus become separated from each other by spaces of considerable size. In nearly all the specimens taken from human beings and ruminants, these spaces between the individual hepatic cells and rows of cells were occupied by small round cells. There was an increase of connective tissues, elements derived in all probability from the capillaries or the sheath which surrounded them. In other words, there was an intercellular cirrhosis not unlike that met with in congenital syphilis." Belonging to the same group of the toxæma are ergotism, lattyrism and pellagra, although the action of the last is chiefly on the nervous system and manifests itself in the production of posterior and lateral sclerosis. Gout and rheumatism may also be included in the intoxications, and, as is well known, syphilis, next to alcohol, is one of the most important factors in the production of cirrhosis of the liver.

Cirrhosis of the liver is but a generic term and there are many kinds of cirrhosis differing widely in their causation and clinical aspects, but having this in common, that the organ is permeated more or less extensively by newly developed fibrous tissue. The most familiar forms are the alcoholic cirrhosis of Laennec, including the fatty cirrhotic liver, the hypertrophic cirrhosis of Hanot, the syphilitic cirrhosis, the malarial cirrhosis, the cirrhosis from chronic congestion of the blood vessels, such as is met with in many forms of heart disease, and the cirrhosis which is an accompaniment of Bante's disease.

The association of cirrhosis of the liver with tuberculosis can not be ignored and many patients with the disease die of tuberculous peritonitis, the existence of which is not suspected during life. The symptoms are often latent and there may be no clinical evidence of this complication.

That the treatment of ascites due to cirrhosis of the liver by ordinary medical measures such as the administration of hydragogue purgatives, diuretics or diaphoretics is unsatisfactory is a well established fact. Even paracentesis is merely palliative for the ascitic fluid speedily reaccumulates, and after a succession of tappings the patient usually dies of exhaustion or some intercurrent mischief.

It has long been known that in many cases of cirrhosis of the liver where ascites was absent, vascular adhesions connecting the viscera with the parieties were found, and it was obvious that an artificial extension of the natural process might be attended with beneficial results. In some cases the enlargement of the normal channels of communication between the portal and the systemic circulation suffices, but in others adventitious means of establishing an accessory or supplemental circulation are necessary.

The natural anastomoses between the two systems are the following:

1. The coronary veins of the stomach anastomose with the esophageal, phrenic and left renal veins.

2. The vasa brevia of the stomach anastomose with the left phrenic veins.

3. The gastro-epiploica of the stomach anastomose with the left renal veins.

4. The superior mesenteric veins anastomose with the left renal veins.

5. The hemorrhoidal veins anastomose with the pudic veins.

6. Veins in liver adhesions anastomose with phrenic veins and veins in the abdominal wall.

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7. The veins in the falciform ligament anastomose with the phrenic veins and veins in the abdominal wall.

Sappey's classification, which is that usually followed, may also be given:

1. Anastomose between the coronary veins of the stomach and the esophageal plexus which discharge into the lower intercostal and azygos veins, and also communicates with the diaphragmatic vessels.

2. Veins passing in the coronary and suspensory ligaments of the liver and in the adhesions formed between the liver and the diaphragm.

3. The dilatation of a small vein in the round ligament, affording free communication between the portal vein and the epigastric vessels.

4. Veins forming the system of Retzius, which, originating in the intestinal canal and anastomosing with the radicals of the portal vein, discharge into the inferior vena cava and its branches.

5. Communications between the superior and inferior hemorrhoidal plexus.

It is by way of the falciform ligament of the liver that we get the anastomoses which give rise to the enlargement of the superficial veins of the abdominal wall.

The establishment of an accessory circulation may be accomplished in several ways:

1. By scratching adjacent peritoneal surfaces over the liver.

2. By fixing a portion of the spleen in an abdominal incision.

3. By sewing a portion of the omentum to the anterior abdominal wall.

It is the last method which gives the most satisfactory results, and is the one which has been adopted in my cases.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Tuberculosis a Thing of the Past.

BY JOSEPH PRIESTLY, B. A., M. D., D. P. H.
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Introductory remarks.—To have dreamt a few years back of stamping out tuberculosis would have suggested just a diseased, at least an excited, brain in the dreamer, and few (if any) persons could have been found to listen patiently to the details of such a dream. Where are we to-day, however? The youngest medical student will preach, without fear of contradiction, of the infectious nature of tuberculosis, the means whereby it spreads, and the preventive measures to be taken to prevent its spread. He will tell you that heredity, in this disease, is practically non-existant, that everything depends upon the presence or absence of a germ—the bacillus tuberculosis. Without such germ the disease can not appear, even in those whose grand-parents and parents have died of the disease; whilst, with the germ implanted in a suitable soil, the disease will show itself, and advance, in those whose family history shows the absence of any taints for generations past—tuberculous or otherwise. The object of this paper is to show, if possible, exactly how we stand, professionally and scientifically, in regard to tuberculosis; what chance (if any) there may be of the title being justified, and tuberculosis becoming a thing of the past.

Tuberculosis (including consumption) is now a recognized infectious disease, due to the entrance into the body from without of a germ (the *bacillus tuberculosis*). Is acquired either directly from man to man, or indirectly through food (milk and meat). It causes more deaths and more permanent ill-health than all the other infectious diseases put together —over 70,000 persons dying annually in Great Britain alone; whilst many more are permanently maimed or injured, and their health ruined thereby. In very young children it takes the form of general miliary tuberculosis, tubercular meningitis, tubercular disease of the peritoneum, intestine and mesenteric glands (*tabes mesenterica*); in older children it generally attacks the glands of the neck, the joints and bones, and the skin (*lupus*); in young adults, tubercular disease of the lungs (consumption) is common; and in older people, the urinary organs, suprarenal capsules and other internal organs may become infected with the disease.

BACTERIOLOGY OF THE DISEASE.

The bacillus tuberculosis is a slender rod with rounded ends, measuring three-fifths m. (micromillimeter or micron, one

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twenty-five thousandth inch) in length. It is non-motile, ærobic, and faculative anœrobic. It grows at a temperature of 37° C. on blood serum, nutrient agar in veal broth (to which five or six per cent of glycerine is added), and potato. It stains with difficulty, but characteristically is that the staining is stable. An anilin-water solution of fuchsin or gentian violet or a carbo-fuchsin solution forms the best staining medium. The bacillus was discovered by Prof. Koch, of Berlin in 1881-2—a discovery that has been again and again confirmed by subsequent observers, so that if there be one thing now more certain than another in medical science, it is that the tubercle bacillus is the *causa causans* of the disease known as tuberculosis, which is so widely distributed at present throughout the length and breadth of the land as to justify it being called the "white plague."

STATISTICS FOR ENGLAND AND WALES.

Taking the statistics for England and Wales, as recently tabulated by the Registrar-General, we find as follows in connection with tubercular phthisis, or consumption of the lungs (the commonest form of tuberculosis):

ANNUAL RATE (DEATHS) FROM PHTHISIS PER MILLION LIVING.

England and Wales (including London).

Decennia.	Males.	Females.
1851-60	2,579	2,774
1861-70	2,467	2,483
1871-80	2,209	2,028
Quinquennia.		
1881-85	1,927	1,738
1886-90	1,781	1,497
1891-95	1,634	1,303
1896-99 (4 years)	1,521	1,141
1900-02 (3 years)	1,370	1,067

London.

Quinquennia.	Both Sexes.
1860-64	2,774
1865-69	2,891
1870-74	2,561
1875-79	2,475
1880-84	2,203
1885-89	1,954
1890-94	1,935
1895-99	1,803
1900-02 (3 years)	1,715

That is to say, that during a period of fifty years, the rate per million living has been reduced fifty per cent in England and Wales (including London) and forty per cent in London itself.

Taking the years 1896-99, the mortality throughout England and Wales from phthisis at all ages was equal to a rate of one thousand five hundred and twenty-one per million living among males, and to a rate of one thousand one hundred and forty-one per million living among females. Of male children under five years old, the rate was four hundred and three per million, and of female children, three hundred and thirty-four. Of male children aged five to ten years, the rate is one hundred and forty per million, and of female children of the same age, two hundred and one per million. Of adults aged ten to fifteen years, the rates are (1) male, one hundred and ninety-five; (2) female, four hundred and ten. From this age-period the rate begins to increase, *i. e.*

Ages.	Male.	Female.
15-20	908	1,165
20-25	1,841	1,547
25-35	2,341	1,862
35-45	3,110	2,096
45-55	3,173	1,597
55-65	2,627	1,242
65-75	1,530	787
75 and onwards	549	366

The maximum rates are as follows: (a) males, forty-five to fifty-five years of age; (b) females, thirty-five to forty-five years of age—in both cases declining rapidly after attaining the maxima.

Very old people and young children escape phthisis, whilst persons between fifteen and seventy-five suffer in varying degrees, steadily rising from fifteen to forty-five. Females are rather less liable than males to death by phthisis at ages under five years; more liable at the ages of five to twenty years, and again less liable at subsequent ages. Liability to fatal phthisis appears to commence somewhat earlier in females than in males. Such are the most recently published rates of the English Registrar-General (prepared for the British Congress on Tuberculosis, held in London in 1901). Comparing these 1896-99 rates with those for previous years (going back to 1851), changes in mortality are noticed. Practically, there has been a decrease in phthisis mortality in every age group in both sexes—the rate of decrease varying widely and being much greater amongst females than amongst males.

Though the maximum mortality is at present at ages from forty-five to fifty-

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five for males, and from thirty-five to forty-five for females, this was not so in years gone by. In the decade 1851-60, phthisis mortality was at its highest amongst males at ages from twenty to twenty-five, and amongst females at ages from twenty-five to thirty-five. In other words, the age of maximum phthisis mortality has been postponed in both sexes.

PHTHISIS MORTALITY AND OCCUPATIONS.

The effect of occupation upon phthisis mortality is well seen from the following:

COMPARATIVE MORTALITY FIGURES OF MEN AGED 25-65 YEARS FROM (1) ALL CAUSES, (2) PHTHISIS, AND (3) DISEASES OF THE RESPIRATORY SYSTEM.

	Occupations.	All Causes.	Phthisis.	Respiratory Diseases.
	All Males	1,000	192	224
Highest.	Tin Miners	1,409	508	377
Highest.	Inn, Hotel Servants	1,725	476	363
Highest.	Unoccupied Males	2,215	448	294
Highest.	Costermongers	1,652	443	403
Highest.	Earthenware Manufacturers	1,706	333	668
	Coal Miners	727	69	159
	Farmers	563	79	90
	Brick Tile Makers	741	84	201

Practically speaking, up-to-date general sanitary measures have alone effected this great reduction, even in the absence of any special knowledge of the cause of the disease, and the method by which it spreads. It is reasonable to suppose, therefore, that, with the preventive measures that are now coming into every-day use, and with the knowledge of the nature of the disease that is becoming so widespread, a still greater reduction of the phthisis rate will be the result during the next twenty-five years, whilst in the next fifty years the disease may fairly be expected to be practically stamped out, and when met with in medical practice then, will be shown as a most rare disease of past generations. How is all this to be accomplished? In two ways: (1) by an exact knowledge of the nature of the disease, the means by which it spreads, its life history and a knowledge of the conditions which are (a) favorable, and (b) unfavorable, to the existence of the germ; (2) by the careful exercising of strict preventive measures, which are now well known to all practical sanitarians.

THE NATURE OF THE DISEASE AND ITS METHOD OF SPREADING—THE INFECTIOUS NATURE OF THE DISEASE.

Tuberculosis was, until quite recent times, regarded as a constitutional disease, and the hopelessness of any preventive measures being taken in connection therewith naturally followed. This view was materially altered when Dr. Koch in 1881-2 succeeded in capturing the bacillus tuberculosis, and since then it may be stated that professional, and lay, opinions have undergone what may be fitly described as an upheaval. Opinions are, however, again settling down, with the result that to-day practically the man in the street knows that tuberculosis is an infectious disease, and that, consequently, preventive measures are necessary to control its spread. There is the danger of going to the opposite extreme, and regarding the constitutional theory of the disease as hopelessly wrong. Such is not the case, however. Predisposition is a factor in the disease, and one which must not be lost sight of. When the omnipresence of the germ is admitted, the wonder, at first, is that more persons are not affected, but, on reflection, the reason for this is not far to seek. It is the resisting powers of certain individuals against the tubercle bacilli. This is noticeable in special consumption hospitals, wherein the members of the resident medical and nursing staff escape infection, though the germs of tubercle are found, at times, in the sinuses of their noses and elsewhere. Again, tuberculosis is often cured, as shown by *post-mortem* records of patients dead from other causes. Here again, the resisting powers of the individual have overcome the attacks of the bacilli and driven the enemy out. The bacillus grows but slowly even under favorable conditions, *i. e.*, presence of moisture, limited supply of air, absence of light, temperature 99° to 100° F. It grows by adhesion and the formation of spores. It is a hardy germ, but direct sunlight kills it in a few minutes, and ordinary (diffused) daylight in a few days.

CHIEF CHANNELS OF INFECTION.

The germ gains entrance into the body through the mouth, passing into (a) the windpipe and on to the lungs; or by the

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gullet and on into the stomach or intestines, into the blood stream, and thence over the body generally. The commonest infection is through the lungs and respiratory passages, giving rise to consumption of the lungs, or *phthisis pulmonalis*, as it is called. This is the most deadly form, too, of the disease. The bacillus may attack every organ or every tissue of the body, *i. e.*, (a) membranes of the brain, *hydrocephalus;* (b lymphatic glands of the abdomen, *tabes mesenterica;* (c) superficial lymphatic glands (more especially of the neck), *scrofula;* (d) the skin, *lupus;* (e) the lungs, consumption; (f) the suprarenal capsules, Addison's disease; (g) the glands of the body generally, miliary tuberculosis; and so on.

TUBERCLE-INFECTED DUST.

The bacilli are carried about in a dry state as particles of dust, and so gain entrance into food, and then pass into the body or are breathed in with the air. The germs may pass directly from person to person, *i. e.*, husband to wife, mother to child, etc., but more commonly indirectly through the medium of dust, *i. e.*, house and workshop infection. How does the dust become infected? Through the sputum of infected persons drying and afterwards being pulverized and scattered by the winds. Indiscriminate spitting keeps the stock of germs replenished from time to time, and the present crusade against such a filthy, disgusting and dangerous habit is a distinct advance in preventive measures against the spread of consumption. Spitting explains why public houses are special disseminators of tubercle, servants employed therein suffering out of all proportion to persons engaged in other occupations. So, too, it is thought that costermongers are prone to catch the disease by reason of their frequenting bars of public houses in the early mornings, either before such places are cleaned from the previous night, or whilst such places are being cleansed.

INTEMPERANCE AND LIABILITY TO INFECTION.

Intemperate men and women suffer (1) from frequent exposure to infection in public house bars, and (2) from the fact that their chronically inflammed gastric membranes form a suitable soil upon which the germs catch on and grow. It is well known that occupations, having the highest mortality from alcoholism, have also the highest mortality from phthisis, and the explanation of this is to be found not only in the fact that alcohol is a predisposer to degenerative changes generally, and therefore, indirectly to phthisis, but also in the fact that spitting takes place to a very large extent in the bars of public houses.

OTHER CHANNELS OF INFECTION.

Another channel of infection is through infected milk or meat, it being generally held that tuberculosis of the cow is transmissible from such cow to human beings. Such at least, is the lesson generally taught to students. It was, however, left to Prof. Koch, of Berlin, to shake the foundations of this belief of our youth by declaring, at the International Tuberculosis Congress held in London in 1901, his belief that the tubercle bacillus found in cattle was different from that found in man, and that, in fact, bovine and human tuberculosis were distinct and not intercommunicable. Up to date, Prof. Koch's opinion is still, practically, unrefuted, though there are here and there colleagues (and others) who have since published reports of experiments which (they state) prove that Prof. Koch is wrong. The Professor's opinion was deemed of such importance that a Royal Commission was appointed by England to report on the subject. This commission, although more than two years have elapsed, is still Sphinx-like, and refuses to speak. When it does speak (if it speaks at all) what will it say? The cautious man prophesies only when he knows. If we are cautious, therefore, we must, for the present, at least, keep a golden silence. Much depends administratively on the answer whenever it does come. Meanwhile, administrative measures *re* tuberculosis, milk and meat, practically stand in abeyance—a condition of things much to be regretted.

(To be continued.)

Enclosed find P. O. order for one dollar, for which continue my name on your subscription list for 1904. Can not do without the BRIEF.—C. W. MANKER, M. D., Elliott, Iowa.

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[Written for the MEDICAL BRIEF.]

Mouth-Washes.

BY CHARLES W. GLASSINGTON, M. C. R. S., L. D. S.

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One is frequently asked to write a prescription for a mouth-wash. Before doing so, always thoroughly examine the oral cavity, as the patient may not actually need one. In all probability he has either some septic roots, an exposed and suppurating pulp, or a polypus of the pulp or gum. In either of these cases an antiseptic or deodorant mouth-wash would simply be treating the symptom, which is wrong, and not effecting a cure. If the patient has not noticed he has a "nasty" taste, some kind friend has probably told him his breath is, to say the least of it, "unpleasant." He therefore thinks a mouth-wash will be sufficient and unless he is properly advised, will continue to exhale the same poisonous breath on his friends, plus a mixture of menthol, eucalyptus, thymol, etc., etc., and be under the delusion he is cured, and lay the "flattering unction to his soul" that his mouth is in an aseptic condition. This is of course all wrong. First get rid of the cause and you will soon find the effect disappear.

Then comes the reverse of the picture when you have a patient who really needs a mouth-wash of an antiseptic nature, and if you venture to suggest such a thing he is indignant.

Then comes the syphilitic patient whose oral cavity is a seething mass of syphilitic inflammation which may be combined with mercurial stomatitis. In such cases I prescribe purely antiseptic measures for the oral cavity, with internal treatment of an antisyphilitic nature.

Again, patients will ask for a mouth-wash, telling you they suffer from "spongy" gums, or that their gums bleed when they clean their teeth. It is almost needless to say a thorough inspection of the oral cavity should be made before attempting to prescribe. Children are occasionally brought to the dental surgeon with the ordinary forms of infantile stomatitis, but more frequently are taken to the general practitioner. In some of these cases ulceration has actually taken place, which is often due to (1) exposed roots of the temporary teeth, the result of an abscess, or (2) the jagged edge of a decayed tooth. These cases require appropriate surgical treatment, drugs being rarely required. Whilst on the subject of children, I would like to point out the uselessness of prescribing mouth-washes for them until they are of an age to understand how the oral cavity should be washed. In these cases it is better to have the drug or drugs made up in such a manner so they can be applied by the nurse or mother, by means of a brush or the finger. For instance with infants, a simple but efficacious remedy is borax and honey. Take a piece of honey, the size of a bean and lightly roll it in some powdered borax, and with the finger gently smear the affected parts. You will then know the drug you have prescribed has been applied to the proper place.

Again, in follicular stomatitis the application of sulphate of copper, or nitrate of silver does far more good than any quantity of mouth-washes.

Another form of inflammation which dental surgeons frequently meet is that caused by a badly fitting upper denture, which is kept up by so-called "suction." This has a "mulberry" appearance and requires both mechanical treatment, in the shape of a new denture combined with a mildly astringent mouth-wash.

Many cases of "bridge-work" cause the bacteria of the mouth to increase and multiply, and where the cause can not be removed, an antiseptic mouth-wash is a necessity, and the best of these is listerine. Listerine is the best antiseptic mouth-wash and is universally employed in England, both in hospitals and private practice. I can speak with confidence of this preparation.

In simple cases of extraction I always tell the patient to rinse the mouth night and morning with a weak solution of permanganate of potash, but where there have been numerous extractions, or an alveolar abscess, a more powerful antiseptic mouth-wash should be used several times a day.

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I was recently asked to prescribe for a "dry" mouth and tongue. I suggested a one-fortieth solution of carbolic acid in glycerine and the oral cavity to be painted with it several times a day. The following are a few prescriptions:

An antiseptic mouth-wash:

℞ Carbolic Acid.....20 drops.
Glycerine ..... 1 ounce.
Rose Water.....q. s. ad.....10 ounces.
To be used frequently.

Another:

℞ Bicarbonate of Sodium ..... 2 drachms.
Listerine ..... 2 ounces.
Rose Water.....q. s. ad.....10 ounces.
To be used frequently.

The following is a mild antiseptic mouth-wash:

℞ Phenate of Sodium.....4 drachms.
Water.....q. s. ad.....8 ounces.
To be used after extractions.

A cheap mouth-wash (used at the National Dental Hospital):

℞ Formalin 40%.....20 minims.
Essence of Peppermint..... 2 minims.
Water.....q. s. ad..... 1 pint.
To be used frequently, and the bottle to be labeled "Not to be taken."

An astringent mouth-wash:

℞ Tannic Acid..... 2 drachms.
Rectified Spirit ..... 2 drachms.
Glycerine..... 2 ounces.
Rose Water.....q. s. ad.....10 ounces.
To be used frequently.

The following is a good astringent mouth-wash:

℞ Tr. of Krameria..... 2 ounces.
Eau de Cologne ..... 1 ounce.
Glycerine ..... 2 ounces.
Rose Water.....q. s. ad.....12 ounces.

The following prescription as a mouth-wash is useful for spongy gums:

℞ Borax..... 4 drachms.
Tr. of Myrrh ..... 4 drachms.
Rose Water.....q. s. ad.....10 ounces.

Enclosed please find one dollar for the BRIEF. I like it very much.—J. P. BLAKELY, M. D., Hartman, Ark.

Enclosed find one dollar. Place same to my credit for 1904. Do not let me miss a number, for I think more of it than any journal that I take. It is all you claim for it, and will do more good for the American people, and the profession especially, to make them honest and independent and loyal citizens than anything else.—J. J. PATTERSON, M. D., Mountainboro, Ala.

[Written for the MEDICAL BRIEF.]

On the Treatment of Some Genito-Urinary Maladies.

BY L. BOLTON BANGS, M. D.,

Late Professor of Genito-Urinary Surgery New York University and Bellevue Hospital Medical College; Consulting Surgeon to Bellevue Hospital, St. Luke's Hospital, City Hospital, St. Francis' Hospital, St. Mark's Hospital and Methodist Episcopal Hospital; Fellow of the Academy of Medicine, etc. New York City.

The human urethra is not a mere water pipe. It is a living, sensitive organ. In the male it is highly endowed for the two important functions, conveying the urine and seminal fluid under physiological conditions. It is in intimate relation with the great nerve centers. Any abuse of it acts upon the kidneys, intestines, stomach, and possibly upon the heart. It was not made to put instruments into. This we do, when necessary, under protest, and only for the purposes of examination and treatment, and, therefore, all instrumentation should be done with extreme gentleness, and with a minimum of frequency. The mistake is often made by zealous practitioners of using instruments in the urethra too frequently, and sometimes too roughly, under the impression that the malady which is being treated will yield more readily to "heroic" measures. In genito-urinary patients a hypersensitiveness of the whole organ coexists, as a rule, and carelessness, rough and too frequent instrumentation will cause an additional pathologic condition which will aggravate the original malady, and in time induce a new one, *i. e.*, submucous infiltration and stricture.

In the young male in whom the habit of masturbation has been established, either from local irritation, through which the habit was acquired, or from the teachings of older and equally ignorant companions, a hyperemia of the whole sexual apparatus, including the presiding brain areas, is induced. This causes erections on slight provocation, and an excessive growth of the sexual secretions which find their exit by frequent nocturnal pollutions, or there may be also diurnal passive escape of prostatic fluid alone. Ignorant of the relief which

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may be afforded them by the wise counsel and skillful treatment of their family physician, these unfortunates become the prey of the advertising quack.

If, as is frequently the case in these young men, in addition to the habit of masturbation, and even after the latter has been overcome, there is some relation to a young person of the opposite sex who permits dallying without any criminal relation, an extreme degree of dilatation of the blood vessels of the prostate takes place. As this indulgence is generally too frequently repeated, the blood vessels remain continuously dilated, and a condition of nerve exhaustion with mental depression, which is so common in these individuals, becomes manifest.

The first effort of treatment is psychological, and should be to explain to these young men the physiology of the sexual apparatus, and the evil results of continuing such sexual excitement. Then the hyperemia of the prostate should be relieved by gentle massage through the rectum. The rotary and intermittent pressure of the index finger upon the lobes of the prostate causes the muscular tissue of the latter to contract, the blood vessels are emptied, and any exudate which may be present in the follicles of the organ is expelled into the prostatic urethra, and is carried away in the next active urination.

This operation brings about a more harmonious and natural condition of the prostatic circulation, and gives the individual a sensation of well being. It should not be repeated oftener than once in four or five days. In alternation with this, a sterile, perfectly smooth, and aseptically lubricated steel sound should be gently inserted into the urethra until its tip enters the internal meatus, and be left *in situ* for a period, at first, of two minutes, the periods being gradually increased to a maximum of ten minutes.

There are one or two details before this is done which should be noted. First, the size of the meatus should be determined by carefully measuring it with a bougie-a-boule. Successive sizes of the bougie-a-boule should be taken until one is found which easily and painlessly enters the meatus. This size is to be regarded as the largest which should be used in this case, for nothing is to be gained by attempts to dilate the meatus. As a rule, it is not necessary to divide the meatus in these patients, but if the meatus is abnormally small this should be done.

If the individual proves to be extremely sensitive to the bougie-a-boule, a drachm of a two per cent solution of beta eucaine should be injected into the urethra, and the meatus being held closed, the fluid should be retained in the urethra for at least six minutes, and it should be pressed well backward into the bulbous urethra. In my opinion, the effect is better when no local anesthetic is used. The object of the sound is first, to ascertain the sensibility of the canal in the given individual; second, the location of these points of sensibility; and third, to obtund or blunt the nerve periphery by the pressure of the instrument upon the surface of the mucous membrane. Therefore, if at first it be necessary to make use of a local anesthetic its use should be desisted from as soon as possible. The sound should never be passed with the patient standing. Nor should the manipulation or gyration which is known as the "tour de maitre," ever be practiced. It is more of a "play to the galleries" than any real benefit to the patient, and in its exercise the necessary gentleness may be lost, and the effects upon the patient may be brutal.

The repetition of the sound should be not oftener than once in four or five days. The urethra always reacts after the instrument. The vessels dilate, and slight scalding on urinating occurs. Generally three days' time is required for this traumatic congestion to subside, and more progress is made in the treatment by not using the instrument in this interval. There may be cases, as for example, one with a threatening retention of urine, in which it may be necessary to do some instrumentation every day, but in general, and for the treatment of cases which we are now considering, once in four or five days is better. After a few introductions of the instrument in this way, merely increasing the size up to the limit of the meatus, further steps may be necessary before the patient will be cured.

It is not too much to say in these cases of frequent nocturnal emissions, that by

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perseverance in the management of their moral and physical hygiene, and by local and general treatment, the emissions may be reduced so that the young man will have one only in long intervals. Of course, in many vigorous, healthy young men an occasional emission may be considered normal, and is Nature's relief, and is in no sense injurious. It is neither scientific nor moral to send these patients to a harlot, nor is it ever necessary.

The next step is the application directly to the prostatic urethra of a solution of nitrate of silver by means of an instrument which acts as a sound and a syringe. That is to say, it is of the same shape and size as the sound, and has a narrow tube through its center, the capacity of which is ten minims. This instrument dilates the urethra, opens out the folds of the mucous membrane, and by means of a syringe fitted to its proximal end, the selected solution may be gently injected.

In my experience the best procedure is to begin with a weak solution of nitrate of silver, say one to five thousand, which may be increased in strength as the treatment progresses. After the instrument has been sterilized, lubricated, and gently and slowly passed until its tip evokes the sensation of urination on the part of the patient, or until its tip is felt free in the neck of the bladder, when it is to be withdrawn about one-quarter of an inch, and then the contents of the syringe gently expelled through the canal of the syringe-sound. The instrument should be gradually withdrawn as the fluid is injected from point to point. The patient should be instructed not to urinate for several minutes; or, for as long as possible, in order to retain the fluid as long as he can. He should be told that the next act of urination will scald a little, but that each subsequent one will be less and less annoying, but ordinarily the solution one in five thousand is not at all painful after the hypersensibility of the urethra has been blunted by the proper use of the steel sound.

Many of these individuals who have a history of childish masturbation, accompanied or followed by prolonged sexual excitement in the company of a female—the "dallying" which is so common, and which is often ignorantly indulged in, will be found incompetent for the sexual act, or incapable of performing it satisfactorily to the woman. The hypersensibility of the prostatic urethra, and indeed, of the whole sexual apparatus, is such that ejaculation takes place precipitately, or the erection subsides rapidly or may not be rigid enough for penetration, and sexual incompetency is the result. The wife never experiences the orgasm as Nature intended that she should; she remains unsatisfied or disappointed, and becomes miserable or disgusted, or both, according to her temperament. Even if the wife become impregnated and bears children, the sexual act itself being unaccompanied by the physical satisfaction which Nature provides for the female as well as the male, she resents the husband's approaches, and tells him in plain words that the only result to her is "pregnancy." The man himself, ignorant of the normal physiological conditions of the sexual act, which is the physical climax of marital affection, may be unaware of his incapacity, but gradually awakens to the fact that there is something lacking. In these cases close inquiry into the past habits, even in those who have never lived dissolute or vicious lives, and a careful examination will reveal this condition of extreme sensibility, and happiness and marital joy may be restored.

The methods which I have suggested in the case of the young unmarried adolescent may be successfully used in these, but with some modification. The increase in the strength of the solution of nitrate of silver may be more rapid and raised until a strength of ten grains to the ounce may be used. In cases where the stronger solutions are used, less quantity will be found necessary, and the point of the syringe should be lateralized first to the left and then to the right, in order that the fluid may enter the sinus of the prostate, and bathe the erectile body, the verumontanum, upon whose sides the delicate nerve filaments terminate.

20 East Forty-Sixth Street.

Enclosed find one dollar for the BRIEF for one year. It is my choice of all the journals that I read.—S. W. DOUGLAS, M. D., Mason, Ala.

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[Written for the MEDICAL BRIEF.]

Prolapse of the Rectum.

BY CHARLES J. DRUECK, M. D.,

Professor of Rectal Diseases at Harvey Medical College; Surgeon to Lakeside Hospital; Rectal Surgeon to Peoples' Hospital, Chicago. Ill.

Prolapse of the rectum comprises the descent of a portion of the bowel through the anus. This protrusion consists of mucous membrane alone or of mucous membrane and other coats of the bowel, and sometimes includes a fold of peritoneum. The affection is sometimes erroneously called prolapsus ani. Erroneously so, because the anus is only an aperture and is fixed, and although it may be to a degree everted, it can not be prolapsed. The rectum is held in place by the peri-rectal areolar tissue and fascia, the levator ani, the recto-coccygei, and the two sphincter muscles, and the stretching or relaxing of these allows prolapsing. A weakened condition of the muscles and structures constituting the pelvic floor or a lacerated perineum predisposes to prolapse of the rectum, and perpetuates it when the bowel has descended. The protrusion in turn tends to further relax the musculo-fibrous structures. Prolapse varies greatly in degree, but may be classed under three general headings:

1. Prolapse of the mucous membrane alone.
2. Prolapse of the mucous membrane and other coats. In exaggerated cases the peritoneum is included.
3. Prolapse of the upper portion of the rectum into the lower (invagination) or intussusception.

PROLAPSE OF THE MUCOUS MEMBRANE.

This is merely an everting of the mucous membrane of the lower rectum, and is due to the looseness of the sub-mucous connective tissue. It is the most common variety, and occurs chiefly in children between two and five years, and also in women rather than in men. During defecation the mucous membrane protrudes from the anus, but returns promptly afterwards, usually of its own accord, although occasionally requiring manipulation. This condition is physiological in the horse.

Etiology.—The acute variety is found most frequently in children, and *vice versa* children nearly always present the acute variety of prolapse. The straightness of the infantile sacrum predisposes as does also a relaxed condition of the muscles and other fibrous structures about the anus, such as frequently occurs in anemic and tubercular subjects from the abstraction of fat from the peri-rectal cellular tissues. The exciting cause, however, is usually straining either at stool during constipation or diarrhea, or as a result of phimosis, stone in the bladder, or intestinal worms. Prolonged coughing or screaming may also cause prolapse.

In adults prolapse comes on gradually, as a rule, although sudden prolapse does occasionally occur. The more frequently the bowel prolapses the more stretched and relaxed the parts, and this weakened condition in turn favors future prolapsing. Conditions producing edema of the pelvic tissues such as pregnancy, parturition, fecal accumulations, also hepatic troubles induce prolapse by allowing a stretching and separating, especially of the long fibers of the bowel. Paralysis, ulceration, incision or trauma of the sphincter, or sodomy, by weakening its action, which normally should narrow the outlet. Repeated straining due to anal fissure, dysentery, cystitis, stricture of the urethra or enlarged prostate produce muscular tenesmus, which induces prolapse. Mechanical dragging down of the mucous membrane by polypi, tumors, foreign bodies or hemorrhoids is a frequent cause. Hemorrhoids and prolapse are very frequently associated, and the prolapse may involve all or only a part of the circumference of the anal opening. It must be remembered that an internal hemorrhoid may be the primary cause of a prolapse, especially the lateral variety, only one side of the bowel coming down. The pathology being that the pile excites the bowel to contraction and in endeavoring to expel the tumor the mucous membrane is dragged down with it.

Symptoms.—In mild cases the ring of mucous membrane protrudes during defecation, but returns spontaneously or by the patient's manipulation, and remains

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so until the bowels move next time. In the early stage before ulceration occurs the protrusion is deep red in color, although it may be scarlet or livid in color, depending on the condition of the sphincter, and is perfectly painless. The surface is marked by the intestinal folds. If ulceration is present the mass will be red and bloody, and considerable pain will be experienced. Later, after the mass has protruded, it will become edematous and difficult to replace, and in old and frequently prolapsed cases the sphincter becomes relaxed, and though the mass may be easily returned, it will not remain so. When the mucous membrane alone is prolapsed the tumor is thin, the folds radiate from the orifice, which is circular, and patulous, and the protrusion is found to be continuous externally with the skin, and internally with the mucous membrane.

Diagnosis.—Prolapse is to be diagnosed from polypus by being softer to the touch, and having a smooth surface which is uniform in appearance, and by the prolapsed tissue terminating in the rectal wall, and not being attached by a pedicle as is a polypus. Polypi always have pedicles, and the larger the polypus the more pronounced and longer is the attachment.

Internal hemorrhoids are frequently difficult to differentiate, but the prolapse usually involves the entire circumference of the bowel, and has a soft, velvety feel, and if carefully examined a slit-like opening in the lower end will be found to open through the prolapse into the lumen of the bowel.

External hemorrhoids, if of the thrombotic variety, are hard, and usually smooth and lubricated or moist, and are always separate and distinct growths which are freely movable.

The age of the patient will be of some assistance, as hemorrhoids and polypi are uncommon in children, and the protrusion is more than likely to be prolapse.

PROLAPSE OF THE DEEPER COATS OF THE RECTUM.

This variety consists in the descent of other coats, perhaps all of the rectum, and in exaggerated cases includes the peritoneum. When the protrusion is two inches or more in length always expect the peritoneum to be involved, for in any such case a coil of small intestine, an ovary or a part of the bladder wall may be included. The prolapse usually comes on slowly as an exaggerated stage of the first variety through long continued action of the primary cause, and occurs more frequently in adults, although it does occur in children. In either children or adults, however, it may come on suddenly as a result of severe straining.

In both this and the previous variety the part of the rectum near the anus protrudes first. This protrusion is thick, firm and pyriform in shape, with a slit-like opening in the lower end. This opening is usually at the back of the lower surface, or even on the posterior wall of the protrusion, and is drawn back by the traction of the meso-rectum, although sometimes in females the traction is forward, because of the vaginal attachments. The amount of the rectum prolapsed is variable, at times very little coming out, and again the tumor is as large as a child's head (Tillman). In rare instances a large part of the colon may be prolapsed. If such a case is dissected all the coats of the bowel are found edematous and swollen, especially at the most dependent part, and often ulcerated. The areolar tissue is infiltrated, and the muscular tissue is hypertrophied. The extruded part is therefore enlarged not only by edema and congestion, but also by the development of new structures. Therefore, the prolapse does not recede to its normal size when replaced, and is often too large to be retained. In old cases an hypertrophy of the exposed tissues occurs. The mucous membrane is thick and dense, leathery, in structure, especially in the most prolapsed part. The submucous tissues are infiltrated with a hyaline substance, and the muscular layers are hypertrophied. When the prolapse is recent it may be replaced, but descends the next time the bowels move. In old or extreme cases replacement is difficult and painful, although gradually the anus becomes patulous, and the sphincter paralyzed so much that each time the sufferer defecates, or even moves about the mass protrudes and makes life a burden. The bowel is abnormally increased in size, and too large for its

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proper position within the pelvis, and although it may be reduced it will not remain so because the tenesmus set up by its presence expels it promptly. In some instances the mucous membrane is eroded and granular, and easily bleeds. In such cases the odor of the sloughing tissues may simulate malignant disease. A prolapse that has existed for some time is often accompanied with an oozing hemorrhage, which requires astringents to control.

Symptoms.—The symptoms of this form of prolapse are similar to those of the preceding, only more aggravated. As this is a chronic condition, the sphincter is weakened, the pain at this stage is not severe, there is a constant mucus discharge, and in severe cases incontinence of feces often results. Strangulation is present only in young and robust persons, and is rare in infants or the aged. When it does occur it may be only temporary, but if it continues ulceration and gangrene will follow, which may terminate fatally if the peritoneum is involved. When the lower part of the rectum alone is involved in the gangrene, a spontaneous cure may take place, but by the separation of the protrusion and the resulting cicatrix a stricture is finally produced which leaves the patient in a more deplorable condition than before.

Complications are prone to arise with involvement of the peritoneal coat, for it is likely to carry down with it a loop of small intestine, an ovary, or the bladder wall. When these organs are brought down, they are usually detected by touch in the anterior part of the tumor. The intestine slips away from between the fingers with a gurgling noise due to the contained gas, or sometimes on percussion it will be found by the resonance. Pressure on the ovary causes a faint, sickening feeling. The bladder is detected by introducing a sound through the urethra. Each condition constitutes a true hernia of the rectum, and must be immediately replaced if possible because spontaneous rupture of the rectal wall has occurred in these cases. Hernia of the rectum occurring with the prolapse is usually recognized by an unusually large, tense swelling in the anterior part of the prolapse. If the buttocks are raised, the hernia usually reduces with a gurgling sound, and the prolapse may then be easily reduced. If the strangulation is not promptly relieved, death ensues from perforation of the bowel and peritonitis. Usually there is no sulcus or depressed line visible at the peritoneal or bladder junction with the bowel, and so there is no way of determining by inspection the presence or absence of peritoneum or bladder in the prolapse.

Diagnosis.—The differential diagnosis between these two varieties is often important. Prolapse of the mucous membrane alone is usually recent, while involvement of the other coats of the bowel is found in cases only of long standing. This implies that it is but an exaggerated stage of prolapse of the mucous membrane, and this is generally so, but the deeper coats may be prolapsed from the beginning as the result of violent coughing or straining. The tumor, when consisting of mucous membrane alone, is always small sized, but when more of the rectum is involved the protrusion may be enormous. When the mucous membrane alone is prolapsed, the tumor is thin and soft to the touch, and the folds radiate from the orifice, which is circular and patulous, but when the whole rectum prolapses the tumor is conical in shape, and its walls are thick and firm. The opening into the bowel is slit-like, and usually points backward owing to the traction of the meso-colon, or else points forward because of the vaginal attachments.

PROLAPSE OF THE UPPER PORTION OF THE RECTUM INTO THE LOWER (INVAGINATION).

This is a true intussusception, any part of the large bowel may be found from the cecum to the rectum. The orifice of the appendix has been seen along side the included bowel. In the previous varieties the dislodged tissues protruded from the anus, but in this form the upper part slips into (telescopes) the lower part, the whole mass remaining within the pelvis. Only in extreme instances does the bowel protrude from the anus. When it does, it appears as a cylindrical, sausage-shaped tumor, covered with a dark red, hyperemic, mucous membrane. This variety is most frequent in children, but does occur in adults. The etiology of this

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form of prolapse is not clear. The bowel in endeavoring to rid itself of a tumor or polypus by its vermicular action may become extruded. Yet in the great majority of cases the cause is not known.

Symptoms.—The immediate effect of this variety of prolapse is obstruction of the bowels, but this, however, is seldom complete for the feces are forced through by the increased contraction of the healthy bowel above, and, in fact, sometimes a diarrhea occurs. The first symptom of the constriction is a sharp pain developing suddenly. It may pass off in a few hours and return again, or it may continue from its onset. Vomiting may or may not occur, and if it does it is sometimes relieved by direct pressure. Abdominal tenderness may even be absent in some cases. The presence of fecal vomiting indicates complete obstruction, and not the part of the bowel involved. Edema of the intestinal walls, due to obstruction of the mesenteric vessel, soon follows, and the serous surfaces become darkened, blood and lymph exuding between the surfaces and agglutinating them. The stools may be blackened. If the constriction is severe enough, the prolapsed portion sloughs off, and a circular cicatrix is left. Thus Nature attempts to remedy the trouble, although the scar may in time produce an annular stricture. Sloughing takes place usually after the first week, and generally within three weeks, although it may occur much later. Death results in about one-half of the cases where spontaneous separation occurs, and may be due to one of several causes. The local peritonitis which unites the bowel may become general, or the ensheathing portion, through ulceration and perforation, may allow extravasation of feces. Aitkin reports a case where the ulceration and perforation was due to the pressure of the end of the contained portion against the side of the containor. Perforation may, however, occur at any weak point of union of the intussuscipiens and the intussusceptum. On palpation, a tumor may be felt and may be characteristic, although sometimes it may be obscured by thick abdominal walls or distention of gases. The tumor when found is cylindrical, sausage-shaped and movable, even changing its position at times. Compared with acute obstruction of the bowels, intussusception of the large bowel is more chronic, less painful, diarrhea is more pronounced, or the evacuations are larger, and the vomiting is variable. Such a condition may continue for weeks, and death result from exhaustion, or a general peritonitis may develop at any time, especially during the separation of the slough.

Diagnosis.—The diagnosis of this variety is made by introducing the finger within the rectum and feeling the sulcus between the invaginated and invaginating parts. The bottom of the sulcus, the point where the invaginated becomes the invaginating, may be felt with the finger if it is not too high. If beyond the reach of the finger, a long probe or catheter may be used. Once the sulcus is felt the diagnosis is easy, but when not found we must depend upon the symptoms of intestinal obstruction, and the case must be differentiated from volvulus, stricture, internal hernia, pressure on the bowel of outside tumors, and obstruction due to biliary calculi, foreign bodies or impacted feces. The differential diagnosis is sometimes impossible, but in general it may be said that an acute onset is due to invagination, volvulus or internal hernia. In perforation and peritonitis the vomiting usually remains bilious, and not fecal, tympanitis is less, and the patient voids gas and feces. The temperature is raised in peritonitis and normal in obstruction. Invagination produces partial occlusion, moderate tympanitis, bloody stools, tenemus and a palpable tumor may be found. Volvulus may have a history of previous peritonitis, or internal hernia, the story of an old hernia that has not come down. In this variety of prolapse any portion of the bowel may be involved. Bulteau collected seven hundred and sixty-three cases of invagination, of which two hundred and twenty were involving the small bowel.

Prognosis.—When the mucous membrane alone is involved, a spontaneous cure is frequently effected. Simple remedies assisting Nature to a speedy end. In extreme cases, such a cure does not come about, especially in the aged, because thickening has occurred, and surgical procedure is necessary. By medicinal

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or surgical means, either alone or combined, a cure may be effected in nearly all cases. In adults the prolapse generally involves the small intestine when intussusception occurs, but in children the large bowel alone is usually involved. When only the large bowel is affected the congestion may be moderate in amount, and continue so for weeks before strangulation or ulceration occurs. This is known as chronic intussusception. Strangulation is more frequent when the outer portion is composed of small bowel than when it is the large bowel, because of the greater tightening at the constriction.

4801 St. Lawrence Avenue.

[Written for the MEDICAL BRIEF.]

Meningitis in Children.

BY AUGUSTUS CAILLE, M. D.,

Professor of Pediatrics in the New York Post-Graduate Medical School and Hospital; President of the American Pediatric Society, etc.
New York City.

The meninges respond to irritation like other serous membranes, and may become the seat of primary or secondary inflammation, accompanied by serous or purulent effusion. The same species of microbe which produces a pneumonia or pleurisy may start a meningitis or synovitis, according to its localization. The infecting agent may reach the meninges through the blood, or by extension from the naso-pharynx, the ear or the eye. Meningeal symptoms, such as delirium and slight rigidity of neck are often observed in acute infectious diseases. These are toxic (toxemia) phenomena, and must not be confounded with true meningitis.

The ordinary clinical varieties in children are:

1. Simple
2. Tuberculous } Meningitis.
3. Cerebro-spinal

I. *Simple acute meningitis* is an infection of the pia mater by various microorganisms, including the pneumo-coccus lanceolatus. It may be primary, or secondary to all forms of infectious diseases. The infecting agent can reach the pia through the circulation (blood), or may be communicated by extension of a neighboring inflammatory process. The exudate may be serous or purulent. When the exudate is absorbed, the membrane may remain thickened, as in pleurisy, and imbecility or idiocy result.

II. *The cerebro-spinal meningitis* is distinct clinically from the first-mentioned variety, on account of its localization, as shown by the name, and because it shows a higher percentage of recoveries than any other variety of meningitis. It is looked upon as a diplococcus invasion of the soft membranes of the brain and spine, and occurs sporadically and epidemically.

Symptoms and signs of meningitis.—

1. General malaise.
2. Drowsiness.
3. Vomiting.
4. Constipation.
5. Stiff neck and back.
6. Loss of control of bladder and rectum.
7. Convulsions.
8. Delirium.
9. Coma.
10. Set eyes.

The temperature ranges from 101° to 105°, 106°, 107° F., or higher. The pulse at first is rapid, then irregular and slow. Cheyne-Stokes respiration is often in evidence.

Prognosis. — Grave. Meningitis may progress for weeks, and terminate in recovery or death. When recovery occurs, blindness, muscular paralysis, speech defects, and defective intellect may remain. Meningitis may terminate in complete recovery.

In the so-called intermittent cases of cerebro-spinal meningitis, the prognosis is not unfavorable, and patients may recover completely from a clinical standpoint. There are no specific symptoms denoting a cortical localization. Autopsies have shown the brain to be covered with a greenish-yellow exudate that was never suspected during life. The usual types of cerebro-spinal meningitis are:

1. Mild.
2. Foudroyant.
3. Acute.
4. Intermittent.
5. The chronic cases.

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The ordinary complications are those of the eyes and ears, occasionally the lungs and joints.

III. *Tuberculous meningitis* is an infection of the meninges by tubercle bacilli in the form of gray miliary tubercles. It is of frequent occurrence in children between two, four and six years of age, and is also seen in older children. It is generally secondary to tuberculosis of some other organs, but clinically it impresses one as starting primarily in the brain. Often there is a history of traumatism which seems to be the starting point of the disease. Infection takes place through the circulation or by extension from tuberculous ear disease, or from tuberculous glands. The naso-pharynx is believed to be a portal of entrance.

Symptoms.—First stage. The onset is usually gradual. General irritability, loss of appetite and weight, pallor, low fever, poor sleep are noted. These symptoms may extend over two or three weeks.

Second stage. Excitation, vomiting, convulsions, irregular pulse and temperature, tache cerebrale, rigidity, tremor and contracture.

Third stage. Depression. Large, rigid pupils, slow arythmic pulse, sighing respiration, strabismus, oscillating eyeballs, injected conjunctiva, hydrocephalic cry, Cheyne-Stokes respiration, delirium, convulsions, death.

Prognosis.—Unfavorable, although cases proven to have been such, by spinal puncture, have recovered.

Differential Diagnosis.—In discriminating between the three forms of meningitis, it will be well if we bear in mind that all the symptoms spoken of are the usual ones of a group of pathological conditions which we class under the heading of encephalo-meningitis, whose etiology embraces a variety of causes.

1. Primary microbial infection, including the tuberculous variety.

2. Secondary microbial infection, following any form of acute or chronic infection, including syphilis.

3. Extension of neighboring inflammatory process, ear, nose, panophthalmitis, intra-cranial abscess, tumors, etc.

When we are face to face with illness in which meningeal symptoms are noticeable, the first practical and important point is to decide whether or not we have meningitis. The question cannot be decided by taking into consideration any group of symptoms. A careful weighing of all the evidence is necessary.

Vomiting, delirium, muscular rigidity, as symptoms of toxemia, are just as pronounced in some cases of pneumonia, influenza or eruptive fevers as in acute true cerebral or spinal meningitis. Malaise, vomiting, constipation, low muttering, grinding of teeth in sleep, injected conjunctiva, irregularity of pulse and sighing respiration are symptoms of long-standing intestinal inertia and auto-infection, as well as symptoms of tuberculous meningitis.

In meningitis we can generally elicit the *tache meningitique*, or Trouseau's sign, by drawing the finger nail sharply over the skin. Owing to vaso-motor disturbances the red irritation mark comes slowly and disappears slowly.

Kernig's Sign.—In cases of meningitis it is usually impossible in a patient lying on his back to flex the thighs upon the body without flexing the knee at the same time, and complete extension of the legs is impossible.

Both Trouseau's and Kernig's sign are occasionally found in patients not suffering from meningitis, and their absence does not positively exclude the diagnosis of meningitis.

Spinal Puncture.—The cerebro-spinal fluid obtained by puncturing the spine is cloudy or turbid in acute meningitis. In several cases of meningitis, the writer withdrew pure pus by spinal puncture repeatedly, one child living three weeks in this condition.

In tuberculous meningitis the fluid is very clear. The tubercle bacilli can seldom be found in the fluid by microscopic examination. If present they are detected by the culture and inoculation tests.

Treatment of Meningitis.—After the diagnosis is established, the treatment is symptomatic.

1. Ice coil to the head.

2. Warm mustard baths; cool sponge baths.

3. Fever diet: Milk, gruels, broths, tea, beef tea, eggs.

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4. Inunctions of mercurial or Crede ointment, three ounces twice daily.

5. Daily enema with soap water or salt water, one ounce to one pint.

6. Catheterization of the bladder in cases of retention of urine.

7. Feeding by gavage in coma.

8. Feeding per rectum.

9. Spinal puncture to relieve pressure symptoms.

10. Stimulation p. r. n.

11. Tincture of iodine to check vomiting, one drop in sweetened peppermint water every two to three hours.

REMARKS ON FEVER DIET.

A so-called fever diet is essential in all febrile disease or conditions. The food should be fluid or semi-solid so as not to overtax the feeble digestive apparatus, or leave a large residue in the intestine for decomposition, which would be liable to favor auto-intoxication or local irritation.

For older children, who no longer take the bottle, we may select food from the following list:

Water, toast-water, farinaceous water, gum arabic water, egg white in water, peppermint tea, imported ginger ale, black tea, milk, matzoon, koumyss, buttermilk, whey; sterilized, pasteurized, peptonized milk, malted milk, beef broth, mutton broth, chicken broth, with and without eggs; Mosquera's or Armour's beef jelly, soups, gruels, cornstarch pap, pea soup, burnt flour soup, egg nogg, tropon or somatose in peppermint tea, custard, ice cream, water ices, orange or pineapple juice, unfermented grape juice, etc.

Gavage.—Feeding by stomach tube is accomplished by means of a soft catheter (No. 12 to 14) and a glass receptacle (funnel, six-ounce capacity). In rebellious patients, a mouth gag should be used, or the tube may be introduced through the nostril.

Indications for Gavage.—1. When patients refuse to take food, as in septic fever and in coma, and when rectal alimentation is inadequate.

Rectal Alimentation—Nutrient Enemas.—Feeding by rectum is useful in feeble digestion, and in such cases in which food is not tolerated by the stomach, or to supplement a feeble stomach, or in inability to swallow, etc.

Before injecting food into the rectum, the latter should be cleansed by an enema. The patient is placed on the back with elevated thighs, and a rubber tube is inserted into the rectum as far as it will go. The fluid food, consisting of milk or gruel with egg, whisky or peptonized food, or somatose in watery solution, is allowed to flow into the rectum from an irrigator or fountain syringe. Various medicinal solutions may be added to the enema if desired. Children will retain from two to eight ounces.

When the rectal tube is withdrawn the buttocks may be pressed together to prevent the escape of the fluid.

Antipyretic Measures.—Where the body temperature is very high a warm bath (95° to 100° F.) may be given, and cold water may be added to the bath until the temperature is reduced to 75° F., or a cool sponge bath may be given several times a day, supplemented by an ice bag to the head. Drug antipyretics are hardly ever called for.

Cerebral unrest is best treated by cooling baths, and by iodine, chloral hydrate and bromide of sodium by mouth or per rectum.

Stimulation is best accomplished by means of entero-clysis (high enematas of salt water at 110° to 120° F.). Of drug stimulants we may employ camphor and strychnia. Camphor can be given in one-half to one-grain doses, hypodermatically, dissolved in oil (one-fifteenth).

Local Treatment.—In tuberculous meningitis local treatment has been attempted by the author by injecting iodoform, potassium iodide and sodium salicylate into the subarachnoid space without beneficial results. Cases of cerebro spinal meningitis frequently recover following the administration of salicylate of sodium and bromide of potassium internally, and Crede ointment, externally by inunction (twice daily).

The writer is unable to state whether or not Crede's ointment has any therapeutic value.

753 Madison Avenue.

I appreciate the BRIEF, and read it with great pleasure.—THOS. HILL, M. D., Goldsboro, N. C.

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[Written for the MEDICAL BRIEF.]

Fistula in Ano.

BY SAMUEL G. GANT, M. D., LL. D.,

Professor of Diseases of the Rectum in the New York Post-Graduate Medical School and Hospital; Rectal Surgeon to the Post-Graduate Hospital; Rectal Surgeon to the Newport, R. I., Hospital; Rectal Surgeon to the German Poliklinik, New York Infant Asylum, etc. New York City.

Fistula in ano is one of the most common and annoying of rectal affections, and one which rarely heals spontaneously.

Complete fistula is the most common variety, and has two openings, one upon the surface of the body, and the other at some point in the rectum.

Next in frequency is the blind internal, which has an opening in the rectum, but none upon the surface. While on the other hand the external has an opening upon the surface and none in the rectum.

From an operative standpoint a more difficult fistula to handle is the horseshoe variety, which always has one or more openings upon either side of the anus, and one or more into the rectum.

There is still another and even more grave variety, the complex fistula, which is usually a horseshoe fistula, with openings as above named, and in addition, there are numerous connections located in the vulva, vagina, bladder and urethra.

There are two other varieties of simple fistula, the complete internal, which has two openings internally, and none upon the surface, and the complete external, which has two openings externally and none internally.

Rectal fistula may be connected with neighboring organs depending on those involved. They are called rectal-vaginal, recto-urethral and recto-vesical.

Fistula necessarily follows an abscess, and the most common causes are bruising of the parts, exposure to cold, poor food and inhygienic surroundings, foreign bodies which have been swallowed, and tuberculosis.

The symptoms of fistula in ano are few and important, and vary but little in different cases.

The first symptom is the discharge of a thick, creamy pus, which often causes erosions of the buttocks, inducing pruritus. Unless the sinus becomes complicated, there is little pain except upon direct pressure, but when occlusion occurs the pain is intense, throbbing in character, the temperature rises, the patient is chilly, there is local swelling, extreme tenderness, reddening of the skin, and in fact, the usual symptoms of pus formation in this region.

Diagnosis.—The diagnostic points are few, but important, and must be understood in order to differentiate between the tubercular and non-tubercular fistulous sinuses. In the non-tubercular fistula by palpation one can usually locate a hard, callous ridge beneath the skin, which indicates the direction and length of the fistula. The outer opening is round, small, not very sensitive, and situated in the center of a small, slightly reddish elevation. A probe can be inserted with difficulty along the sinus, because of its small caliber. Sufferers from this class of affections are usually apparently healthy, robust persons. The local appearance of the tubercular sinus is entirely different. In the first place there will be found an abundance of long, silky hairs about the anorectal region. The tuber ichii bulge prominently owing to the absorption of the fat about them. The external opening is very large, irregular in shape, with bluish edges, and the skin for some distance around it is undermined, allowing it to droop downward. The sinus and the internal openings are large, and the calibre is sufficient in many cases to allow the introduction of an instrument as large as an ordinary lead pencil.

In this variety the pus is rice colored, thin and very profuse, while in the non-tubercular it is thick, creamy and much less in quantity.

Treatment.—The treatment is operative in nearly all cases, and these cases have little tendency to heal even under the most pronounced treatment unless very thorough drainage is obtained.

There are three methods by which fistula may be treated—division, excision and ligation. Of these, the former gives by far the best results. The division operation consists in inserting a grooved director through the outer openings into

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the rectum, where by means of the index finger of the left hand, it is withdrawn, and the overlying tissues divided at one stroke by the aid of the bistoury. The sinus is then curetted and dissected out, the parts dried, and gauze inserted to prevent hemorrhage and insure drainage, and the wound allowed to heal by granulation.

In the excision operation the sinus is completely dissected out, the edges of the wound are adjusted by means of buried and superficial catgut sutures in order to secure healing by primary intention. This method fails to accomplish the desired result sometimes because of the frequency with which the rectal end of the wound becomes infected, and is not nearly so popular as the division method.

The ligature operation is not applicable in most cases, and should not be used except where the patients suffer from tuberculosis or other serious affections, where fresh air, sunshine, etc., are essential. By this method it is not necessary for the patient to remain in a hospital. The operation consists in passing into the rectum a probe having a piece of rubber tubing attached to it by means of a thread. The probe is pulled down through the anus by means of the finger inserted into the bowel, when the rubber ligature is tightly tied over the intervening tissues, and securely fastened by means of a shot.

It is almost the universal custom of operators to administer general anesthesia in order to operate upon this class of sufferers. This, the writer believes, is entirely unjustifiable, and in his work, both private and clinical, except in the most complex cases, he performs these operations under local anesthesia produced by sterile water. The water may be used at any temperature, but is most agreeable to the patient when used lukewarm, and the addition of salt has no advantage whatever.

The technique of the sterile water anesthesia is as follows: The water, by means of an ordinary hypodermic syringe, is injected along the line of tissue to be divided. This injection should be made between the layers of the skin until a tense, whitish ridge has been produced, then the deeper structures, and finally the sphincter muscle is injected, when sufficient tension has been produced to drive out all of the blood from the part to be incised, then anesthesia has taken place, and the operator may proceed without causing pain. The first injections cause slight, smarting pains, because of the distension, and when this technique has been carried out there is but little, if any, discomfort.

43 West Fifty-Second Street.

[Written for the MEDICAL BRIEF.]

Gunshot Wound of the Abdomen.*

BY GEO. C. ABELL, M. D.,

Professor Abdominal Surgery and Gynecology; Surgeon to Texarkana Sanitarium and Hospital, Texarkana, Tex.-Ark.; formerly Professor of Gynecology and Abdominal Surgery of Dallas Medical College, Dallas, Tex.; Ex-House Surgeon Eye, Ear, Nose and Throat Hospital of New Orleans, La.

Texarkana, Tex.-Ark.

The case before you, Mr. John Kiger, is a beautiful illustration of a complete recovery of gunshot wounds of the abdomen, with many perforations of the stomach and intestines.

These bandages that you now see on the head and arm have nothing to do with the case in question, but are worn to protect wounds received in a little unpleasantness or misunderstanding which occurred a few hours ago. These recent wounds have just been dressed at my office, and Mr. K. has kindly consented to present himself before the class this morning, in order that you may inspect the wounds that he received some months ago, and from which he has entirely recovered.

At 1:30 A. M. on August 13, 1903, I was called to see this case, who at the time of my arrival was suffering intense pain, great shock, and profuse hemorrhage from gunshot wounds of abdomen, chest and arm. Inspection showed great pallor of face and mucous surfaces, pulse rapid, weak and wiry, respiration hurried and superficial, with an anxious and disturbed expression, surface cold with large drops of perspiration. Several large drinks of whisky had been administered by mouth,

*Clinical lecture, written for the MEDICAL BRIEF and delivered before the Senior Class of 1903-4 of the Gate City Medical College, Texarkana, Tex.-Ark.

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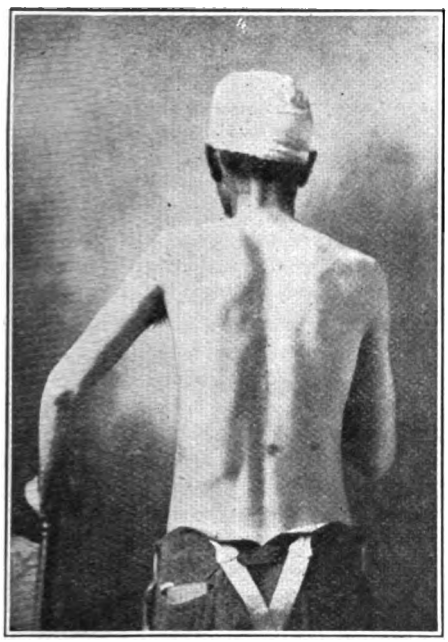
but the stomach having several large perforations, the fluid passed on into the free abdominal cavity. It being quite clear that the alimentary tract contained several perforations, a hypo. of morphine and atropine was administered to relieve



pain and quiet peristalsis, overcome shock, and limit amount of feces poured into the abdominal cavity.

I immediately telephoned the Sanitarium to prepare the operating room for a laparotomy, and ordered the patient sent there for an abdominal section. At first friends and relatives opposed having him moved, saying that he was going to die, and to attempt an operation would be cruel, inflicting unnecessary pain, but after some persuasion reluctantly consented.

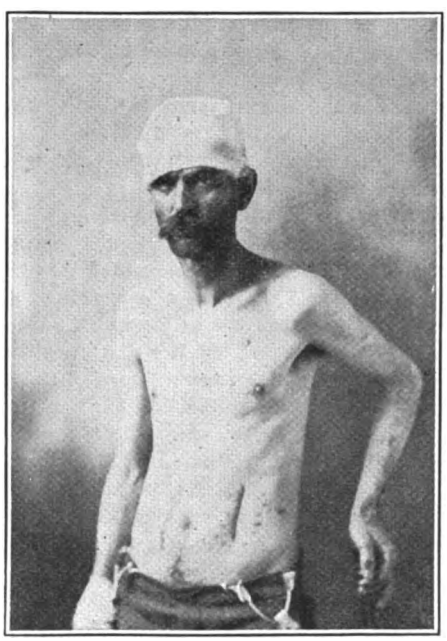
Upon reaching the Sanitarium he was prepared for an aseptic operation by scrubbing the abdomen with green soap, alcohol, bichloride solution, and, finally, with ether and sterile water.

These scars upon the abdomen show that the cavity was opened in two places, one to the left and one to the right of the median line. On the left side I made an incision midway between the entrance of the bullet and linea alba, that ball having passed obliquely through the abdomen from left to right, coming out just below the twelfth rib, four inches external to spinal column. The other bullet entered to right of median line, coming out below last rib, grazing one of the lumbar vertebra. These bullets crossing in the abdomen, making in all sixteen perforations of the stomach and intestines.

On the right side the incision was made by enlarging the wound of entrance, this ball having passed through the cavity nearly on a straight line.

The abdomen having been opened, the search for perforations began. With this part of the operation you can not be too careful. Time and again I have seen the intestines gone over repeatedly without finding the perforations that were there. I have seen the abdomen closed, assuming that there were no perforations; later the patient vomiting blood, and passing blood by the bowels, develops a tympanic abdomen, septic peritonitis, and death.

Often a few perforations are found and closed, one or more are overlooked, caus-



ing the death of the patient. You can never be quite sure that you have not overlooked one or more. There are thirty odd feet of this hollow viscera, and if those portions which can be brought out of the wound and inspected with the eye, and

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examined by the fingers are so readily overlooked, how much easier it is to fail in finding perforations that are in fixed portions, deep down in the abdominal cavity.

I make it a rule to go over every inch of gut several times before closing the abdomen. A wounded intestine, like a wounded serpent, will twist, writhe and crawl all over the cavity, and may be found on the opposite side or elsewhere than the place that it was injured.

In penetrating wounds of the abdomen you will often find it difficult to determine whether the cavity has been entered or not, and if cavity has been entered, the extent of injury done to organs contained therein. Symptoms of hemorrhage or shock will always warrant the opening of the abdomen, and instituting a search for damage done. Dullness on percussion indicates an accumulation of blood in the cavity. Tympanic instead of a dull percussion noted over the liver would indicate perforation and escape of gas. Dr. Senn's hydrogen gas test has been relegated to the past as unreliable and dangerous, enlarging the opening, and causing an outpouring of feces.

The probe is unreliable, as the position of the muscles may be different at the time of the examination than they were at the time he was shot.

If in doubt, enlarge the opening, which is not dangerous, if done under aseptic precautions. Having ascertained that the bullet entered the cavity, it is fair to assume that it has cut or penetrated some of the viscera, and the life of the patient depends upon its proper closure.

The cases on record where bullets have entered the cavity without penetrating some part of the alimentary tract form such an infinitesimal portion of the whole that they are not to be taken into consideration.

The several wounds made by missiles passing through the abdomen should be treated according to the nature and extent of injury done. Ligate all bleeding vessels; if bleeding points can not be located in any other way, compress aorta at root of mesentery below diaphragm till cavity is thoroughly mopped out. Sew up all wounds in mesentery. If artery of last arch in mesentery is cut, death will occur in a few days if intestine is not sewed up for one-third of its circumference on either side. Round hole in intestine may be closed by purse string suture or Lembert suture.

Longitudinal or oblique injuries by continued or interrupted Lembert suture. If one-third or more of guts lumen has been destroyed by injury, it becomes necessary to resect; the simplest way to do this is by means of the Murphy button; or it may be done by continued or interrupted Lembert suture going through the peritoneal and muscular coats penetrating but not perforating the sub-mucous coat. This last coat is a tough, fibrous, unyielding coat, from which cat-gut ligatures are made. Experience has taught that this coat must be utilized to prevent yielding and leakage.

When I was a student the Maunsell method was in vogue; recently the Cornell method has proven to be superior. In this method the sutures penetrate all the coats of the bowel, and are knotted on the mucosa, thereby eliminating the irritating knots and thread with their capillarity on the peritoneal coat.

In all surgery, and especially in abdominal surgery, the man that is most careful of his aseptic technique will get the best results. There can be no greater evidence that surgical cleanliness counts for more than skill than the fact that surgeons the world over are now wearing rubber gloves. Everybody knows that a man has not the manipulative skill with gloves on that he has with them off, but rubber gloves can be boiled and rendered perfectly sterile, while it is impossible to thoroughly cleanse the hands. While this is admitted by all surgeons, in gunshot wounds of the abdomen, rapidity in some cases counts for more than thoroughness or asepsis. If you find that hemorrhage threatens the life of your patient, cut down and tie the vessel at once without waiting to prepare patient, self or instruments: I have seen several patients die while the doctors were getting ready to operate. I had that to happen to me once. The next case I got, I opened the abdomen very hurriedly to find the cavity filled with blood, the intestine shot in two at one place, and many perforations at others, with the whole pyloric end of

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the stomach shot off. The trouble is that all these "gun toters" carry a forty-five, and when he hits a gut, nothing short of a resection will do any good. Nothing is easier than to sew up a nice little hole made by a thirty-two or thirty-eight caliber gun. A purse-string or Lembert suture bringing peritoneum to peritoneum, making the wound air and water-tight, Nature pours out her plastic lymph, and in a very few hours has the wound completely sealed up, the patient going on to a perfect recovery.

Gunshot wounds of the chest are not so dangerous as those of the abdomen, the treatment very simple, most of them recover by fixing the chest, and limiting the motion. In this case, the wounded side of the chest was strapped down with adhesive strips, and gave little or no trouble.

The after treatment of this case was very simple. Nothing was given by the stomach for several days. Thirst was relieved by hypodermoclysis, and the patient nourished by nutrient enema.

Before dismissing this case let me urge you to search diligently for perforations and bleeding points before closing the abdomen. I have in mind now a case of mine that went off the table in fairly good condition, and I thought gave good promise of recovery, but later bled to death.

Some of you have seen a case that I now have in the hospital recovering from a gunshot wound of the abdomen. I came very near closing this man's abdomen before stopping all the hemorrhage.

A short history of this case may not be out of place here. Ten days ago this man was shot at Genoa, Ark., about ten miles from here; the shooting took place about eleven o'clock in the morning. Dr. Roberts of that place brought him here through the country, reaching Texarkana some time after dark, and through a very hard rain. The doctor, patient and all were thoroughly wet when they reached here. I want to say right here that the doctor saved the patient's life by bringing him here, where we have the advantage of proficient help, together with a modern hospital, instead of calling me to his town, where they are not prepared to look after a case of that kind.

The patient had a consolidated lung, and took the anesthetic very badly. Every time that a sufficient amount was administered to relax him, he stopped breathing. The bullet entered just to the right of the anterior superior spine of the ileum on the left, and ranged downward into the pelvis, cutting two holes in the small intestine, and two in the descending colon. The operation was interrupted several times on account of his failing to breathe when choloroform or ether was administered, and when the perforations were closed it was deemed advisable to close the wound quickly to keep him from dying on the table. Blood continued to find its way into the cavity, and diligent search revealed a spurting artery deep down in the pelvis, which would have destroyed the life of the patient had it not been found and ligated.

On account of bleeding and spurting arteries and oozing surfaces and soiling of peritoneal surfaces by the pouring out of fecal matter, drainage was used. Notwithstanding all this, the stitches were removed yesterday, and the wound found to have healed by primary union.

I like the BRIEF so much.—JNO. T. HOSEY, M. D., Enterprise, Miss.

[Written for the MEDICAL BRIEF.]

Are We Civilized, or a Lot of Ignoramuses and Brutes?

BY B. M. JACKSON, A. M., M. D., L. L. B., Omaha, Neb.

Is the practice of medicine an offspring of civilization, or are the men who have adopted it as a profession a lot of ignoramuses and brutes?

Are we civilized as much as we are able to be, or a lot of pretenders and imposters?

These questions are important to the "gist" of this article, as we shall presently see. If we are civilized, it necessarily follows that we are individually striving to do our best for the physically afflicted mortal beings; and if we are not, who is to judge whether a few of our confreres are an exception?

Most of us have studied at medical colleges, and some for reasons best known to themselves, have otherwise qualified,

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and in the "eyes of the law" in some States we are each and all regarded as physicians. We do not all hold like views concerning the manner or mode of practice, but this is a family affair, and it ought not to be paraded before the public. Intelligent individuals do not air their family grievances before strangers, and if physicians and their profession is to-day in disgrace, which is a fact, who is to blame? Physicians must blame themselves. For this reason, they constantly air their family grievances before strangers. In this wise, they have actively or passively established medico-political offices, and the physicians who, by reason of political or social pull have been appointed to fill them, are a standing advertisement to the people that physicians are incompetent, hence they had better apply for relief to Christian scientists, magnetic healers, or any other of the many nondescripts. If most physicians are incompetent, what alternative do the people have? Hence, the growth of these nondescripts and their followers. Forsooth, do not these medico-politicians go to the legislatures every time one is in session with some kind of a bill giving them more power and curtailing the individual and professional rights of physicians? Did they not secure the passage of laws giving them entire control of small-pox, measles, scarlet fever, diphtheria, hydrophobia, tuberculosis, tetanus, trachoma, and various eye and skin diseases, upon the plea of "public health," "State care," "preventive medicine," etc., etc.? Are these laws not declarations to the public that physicians are incompetent and unable to manage them? Of course they are. What then is to become of the physician if he is unable to control sufficient practice from which he might earn a livelihood? Is it not apparent to the most superficial, observing physicians, that gradually and surely they are losing hold of and yielding their practices to a few men occupying political offices in each State?

Are, then, physicians incompetent to attend to the ailments of mortal beings, and magnetic healers or christian scientists are competent? The followers of any of these "healing arts" are ministered to by the "professionals" thereof, yet a physician is not allowed to do so in scores of cases, and the numbers are constantly increasing. If, then, physicians are incompetent to manage them, who is to judge whether the men who assume control—the medico-politicians—are capable? Are they not physicians like the rest of us? Where have they learned more than we know? And yet, some physicians are in favor of more laws!

Now, let me tell you, a law usually carries with it an office, and the man who will get that office will be comfortably situated; but what about the men who, actively or passively, were instrumental in the enactment thereof? They will simply have to "whistle." Nay! the man in office will "stick his tongue out" and tell them to go to the devil, and those who actively interfere with his "official" duties, he will "proceed" against in conformity with the law in the case. Still, many unreasoning physicians want "more laws!" All right, let them send "petitions" to their congressman or legislator to pass this law and that law and the other law. The legislators will quickly accommodate them because they need "more pies" for distribution to the "faithful." Will the men who were in favor of these laws get any "pie?" Oh, no! There will not be enough to go round. What about "us" who were in favor of those laws?

I beg to call your attention to almost any history, and on reading same you will find an answer. However, for the benefit of those who have not time nor inclination to read, I will say that the history of any nation and for any period answers, that "us," the ones who were in favor of laws, and those who were indifferent, become slaves and subjects of those in "power that be." Do not the present medical laws give you the answer aside from history? What were the "theories" advanced to physicians by those who sought some kind of a power over the rank and file, for the desirability of these laws? Have the "theories" materialized? Nay, my friends! In fact, the men who advanced them knew that they would not materialize, but they used them to delude physicians upon whom they could count as "faithful followers." And what are

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the facts to-day consequent upon the enactment of these laws?

1. A physician is by law declared incompetent, and before he may practice, wherever he locates, must prove his competency.

2. A physician who once proves himself competent (as if passing a State Board examination proves competency) in one State, is not competent in any other.

3. That Boards of Examiners are a standing advertisement to the people that physicians are incompetent, hence, if they wish to employ one, they must first ascertain that he has proven himself competent by showing his "license."

4. The men who occupy these offices have "the whole pie," and what have "us?" Contempt, ridicule, and disgrace.

A magnetic healer, or christian scientist, or vitopath, or any other nondescript, may go wherever the stars and stripes float, but a physician must not, for "the law" says so. If he does go, he must pay from twenty to fifty dollars every time he moves, and besides, submit to the rules of a "Code of Ethics." And yet they want more "law!"

Are physicians *non compos mentis*, in fact? Do they not know that every time they are in favor, or actively in quest of laws curtailing the rights of others, that these laws will primarily curtail their own?

Gentlemen, wake up! Reason whither you are drifting. You are hurling yourselves into abysses from which it will be difficult to escape. It is now your duty as men who have social, filial and individual responsibilities to try your utmost to escape from those in which you have hurled yourselves already. *Nolens volens.*

Range Building.

Enclosed find check for one dollar in payment of the MEDICAL BRIEF for one year. I take other journals which come weekly, but after sifting out the chaff and impractical stuff with which they are filled, I believe one of your journals contains as much practical matter for the general practitioner as the four of them. We have heretofore never taken the BRIEF, but will be with you in the future.—W. A. and ANNIE L. ZORGER, M. Ds.., Champaign, Ill.

[Written for the MEDICAL BRIEF.]

Boil in the Ear, Furuncle of the Canal, Otitis Externa Circumscripta.

BY D. J. M'DONALD, M. D.,

Visiting Aurist to St. Elizabeth's Industrial School; Visiting Laryngologist and Aurist to Dominican Convent; Aural Surgeon to the Metropolitan Throat Hospital; Assistant Surgeon to the Manhattan Eye and Ear Hospital; Lecturer in Rhinology and Laryngology New York Polyclinic; Member of the American Medical Association; Fellow Academy of Medicine, New York State Association, New York County Society, County Medical Association, Celtic Medical Society (Pres.), New York Polyclinic Clinical Society, Physicians' Mutual Aid Association. New York City.

The condition of the external ear is best described as an *otitis externa circumscripta*, generally involving the cartilaginous portion, the result of infection through the hair follicles or glands by a pathogenic germ, *i. e.*, the staph. pyogenousaureus and albus, described by Dr. Lowenberg, of Paris.

Causative factors entering into this external irritant, *i. e.*, picking the ear with tooth picks, ear spuds, hair pins, chemical irritants, oils, etc.; insufficient drying after washing, prolonged action of pus seen in suppurative conditions of the middle ear; chronic scaly eczema. As contributing causes when viewed clinically, anemia, constipation, uterine disorders, diabetes may be mentioned.

It is most frequently found in adults. Children are, as a rule, exempt. It may develop during the course of otitis media supprativa chronica.

The inflammation is generally limited to one ear, the left being the one selected. Recurrences are seen in the spring and autumn. Epidemics have taken place in Paris and Vienna.

Kirchner has demonstrated that the staphylococcus pus may, with proper treatment, be inoculated into healthy tissue, and produce furuncle.

Howell says: "That experiments proved that infection may take place when the skin is sound, provided the fluid containing the micro-organism be applied with the aid of friction.

Diabetic subjects have a favorable soil for the production of furuncle. Furuncles may occur in crops every few weeks,

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due to the lack of proper hygiene and treatment. Sometimes it is idiopathic.

It has been said that frequent occurrences of boil in the external ear was indicative of diabetes. I have had one patient in which several crops occurred for a number of seasons, and repeated examinations of the urine failed to find a trace of sugar. How often do we note that in typical cases of diabetes, the history of furuncular inflammation is wanting.

Frederich cites a case of Blau, in which the attacks of furunculosis kept running for years without being able to detect any signs of diabetes. A patient will come to you and complain of a severe pain in the neighborhood of the ear. It is exquisitely tender to the gentlest manipulation, he can not sleep at night, in the early hours of the morning there is a slight remission, the least movement of the jaws in eating causes intense pain, he prefers not to eat, he has suffered from two to three days; his face has an anxious expression, furred tongue, slight rise of temperature, ½° to 1° F.

If the inflammation is deep-seated, deafness and tinnitus will be added to the symptoms.

On inspection, without any manipulation, you may be able to detect the causative factor in producing the severe pain; by using a good light, attempting to place the speculum in position it will be readily revealed to you a tender point on contact. Here the patient winces and attempts to get away.

Take an ordinary probe, covered with a tuft of cotton, seize the lobe of the ear gently, push the ear upwards and backwards to straighten the canal, have the light well directed, you will find the meatus fairly occluded. Be gentle in your manipulation; if there is much swelling in the neighborhood of the tragus, the anterior wall is, as a rule, involved.

If the posterior wall is involved, you will have swelling, pain, redness, exquisite tenderness on pressure over the mastoid region. Be sure to go into the history thoroughly, and you will avoid mistakes. The noises complained of are of a buzzing type. Fever will be complained of in those who are run down, or if the inflammation has involved contiguous parts. If you find scales blocking up the lumen of the canal, debris from a suppurative process, it is a good plan to syringe the ear carefully with a warm antiseptic solution.

In the early stage there is little change in color from that of the surrounding skin; as the process goes on the color changes from a livid red to a purple red.

Bacon "cites a case which presented symptoms of mastoiditis. The tissues were hard, brawny and edematous, not only over the mastoid process, but also along the neck. The cartilaginous canal was slightly red and tender, and its calibre somewhat diminished. No furuncle could be seen. There was some redness of Shapnell's membrane, the hearing was but slightly affected, the patient was a man of sixty-five years of age, broken down in health. He had several boils on the back of his neck. The hard and brawny tissues behind the auricle were freely incised down to the bone. A few days later a furuncle developed in the cartilaginous portion of the external meatus, proving the case to be of furuncle of the external auditory canal."

In many of the cases the exudation becomes purulent after the inflammation has existed four to five days, depending a great deal on the depth of the exudate. Many cases subside without the formation of an abscess. In other cases we have a reappearance in the other ear. This, however, is exceptional. The escape of the contents usually occurs at the apex, exceptionally at the side, followed by a remission of all the symptoms, unless there is a fresh infection in the neighboring follicle or glands. Pain on movement of the jaw is the last symptom to disappear.

In cachetic, or those suffering from a constitutional disease, discharge continues for some time. Careful examination will reveal exuberant granulations, which, if thoroughly curetted and painted with chromic acid, will bring about a cure.

It is only in exceptional cases that we have any difficulty in making diagnosis of the furuncle of the external auditory meatus.

Exostoses may be differentiated by its hardness, fairly resistant, less tender to

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the touch, facies, and the absence of the signs of inflammation.

Polypi occasionally resemble boils. Their mode of growth is different, painless and slow; with the probe you can go around and find the point of attachment, if pricked will discharge blood, but not diminish in size.

Parotid abscess may be mistaken for furuncle. Bear in mind that pressure on the front of the ear will increase the swelling in the meatus.

Mastoiditis, pain, swelling, redness, inflammation, the history of suppuration within the tympanum, progress of the case will guard you against any such error.

When uncomplicated the prognosis is good. The patient being in fair condition, proper hygiene and treatment will bring about a speedy termination. In other cases recurrences take place through new areas of infection, extending to the neighboring mastoid cells, resulting in death from meningitis and sinus-thrombosis.

Dench mentions in his last work a case of erysipelas infection resulting in death. If the case is seen sufficiently early, efforts to abort the inflammation are in order. Small doses of bicarbonate of soda, repeated every fifteen to thirty minutes, or six to eight doses, low diet, especially in the lithemic subjects. If the pain is severe, the inflammation marked, I proceed as follows: Thoroughly disinfect the meatus with bichloride solution, one to five thousand, with a cotton carrier wound with a tuft of cotton, wiped dry, push the auricle upwards and backwards to straighten the canal, spray the part with a tube of chloride of ethyl, tilted slightly forward till the part becomes white; it is thoroughly frozen. Now go in boldly with a tenotony knife, cut deeply through the swollen tissues down to the bone, promote free bleeding by gently washing out with a solution of formalin, ten grains to a pint of boiled water, dry thoroughly, insert cotton pledgets, soaked in a five to ten per cent solution of carbolic acid and glycerine, being careful that there is no undue pressure on the surrounding parts. Repeat the latter every three hours. After two to three days carefully inspect the parts. If there is any granulations, curette thoroughly, apply to the bleeding surface twenty grains of chromic acid to an ounce of distilled water. Dust with powdered boric acid.

Later the patient will complain of severe itching in the canal, and is liable to infect himself again. Here use white precipitate ointment. Instruct the patient to keep the ear clean, with a disinfectant, and thoroughly dry the canal. This is important. In addition to the means stated above, look after the general health, correct the constipation by seeking out the cause. If dyspeptic, put on appropriate diet; if anemic, give small doses of an easily assimilable iron preparation. If there is a tendency to recurrence, give Fowler's solution to the physiological limit.

137 East Forty-Third Street.

[Written for the MEDICAL BRIEF.]

Lacerations of the Perineum.

BY H. C. CROWELL, M. D.,
Professor of Gynecology, University Medical College,
Kansas City, Mo.

While I could not successfully deny the difficulties in securing perfect results, when the laceration extends well up into the rectum, I would like to say, that I do not consider complete laceration as the most aggravated form of laceration with which we meet, that is to say, that form which gives the most trouble.

The floor of the pelvis is composed of muscles attached to the surrounding bones and converge to unite in a median line. Here, as elsewhere in the body, we find the strength of the perineum to depend upon its fascial layers. This barrier of muscles and fascia gives support to the pelvic viscera. Through this diaphragm of muscle and fascia pass the urethra, vagina and the rectum.

Without individualizing all of these muscles, we will state that the one of most importance is the levator ani. This muscle is attached to the pubic bone and the spine of the ischia, and running downward and backward unites with its fellow on the oposite side, in a median line, and is attached to the lower part of the vagina and the rectum.

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It is broad and flat, and quite strong. This muscle, with the fascia, is the principal factor involved in a ruptured perineum, and should be carefully considered in determining the character of operation to be performed, in whatever form of laceration we may have to deal. We might divide laceration into classes, varying according to site and degree of laceration. First, we have a superficial tear, involving the sphincter vagina, or perineum proper, not involving, to any extent, the deeper muscle or perineal body, or it may go through, involving even the rectum, constituting, in the first instance, the so-called incomplete laceration, and in the latter case, a complete laceration.

That form of laceration which I deem of most importance of all, partly because so often overlooked and because it produces so many distressing symptoms, and receives so much ill-advised treatment, without benefit, is that form in which the injury occurs subcutaneously or submucously, so to speak. In this form of laceration there may be no external evidence of the injury; here the muscle and fascia are torn or stretched, and the integrity of the parts destroyed. This form of injury is overlooked, especially that part which involves principally the levator ani muscle and fascia. Many perinei are repaired by destroying the perineal body, ignoring or overlooking the outlying injury of those tissues which I have mentioned as being the principal factors in injuries sustained in the pelvic floor, viz.: the levator ani and triangular fascia. By so doing, while the perineal body may have been restored, the vaginal wall remains lax and ballooned, the bowel tone has in no way been restored, for the fixation accruing through the levator ani is lost. This, then, might be termed a class by itself in which the levator ani muscle has been torn from the vagina.

This latter form is worse than the complete, because so often unrecognized, and is also more frequently followed by bad symptoms, such as prolapse of the anterior vaginal wall in the form of cystocele, or rectocele. This form should be loked for, and will be found in a much larger number of cases than might be supposed.

These patients constantly complain, and frequently go about from one physician to another, and when asked of what they complain, only answer, female disease. Their universal report is that they have received all kinds and unending treatment with no improvement.

By palpating both sides of the vagina through the rectum we find on one side or the other a sulcus, which is the result of the giving way of the levator ani and its fascia, and the vagina thus loses its tone. The rectum bulges forward and the patient complains in proportion to the injury.

In this form we have no external evidence of the injury, and no incontinence of the feces, but more likely a continence. It is not so quickly recognized as in the case of complete rupture, hence so often neglected.

As time goes on and nothing is done to restore the injured parts, the uterus begins to feel the effect of the dragging upon the vaginal walls, and a retroversion results, soon to be followed by a prolapse.

With prolapse of the vaginal wall, which is sure to follow, constipation becomes a prominent symptom because of the inability of the rectum to empty itself. If the anterior vaginal wall is prolapsed, forming a cystocele, then there is urinary retention with ammoniacal decomposition, with a resulting cystitis.

Treatment.—We do not consider with our present understanding, that there is any room for discussion of the immediate repair of a lacerated perineum. Once it occurs, repair is indicated and the results, in our experience, are superior to those of deferred operations, or so-called secondary operations. The only class of injury which may be deferred is that in which the injury is submucous, involving the lateral suport of the vagina, discussed when speaking of various injuries that may occur to the perineum.

The advantages of a primary operation are, that considerable laceration may be restored without the losing or sacrificing any of the normal tissue. In these operations there is seldom any need of denudation, and, if restored at this time, the possibility of sepsis is rendered much less, and involution is greatly facilitated

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if we can maintain an aseptic condition. In whatever stage or degree we may find a laceration, we are convinced that denudation, by whatever form, is not a desirable procedure, inasmuch as it sacrifices more or less tissue which we might at some future time desire to employ.

To obviate this we find that flap-splitting, or the so-called Tait method, nearly, or quite, serves the purpose.

If the operation is a secondary operation, the tissues are split by the introduction of a sharp-pointed scissors into the edge of the vaginal and rectal mucous membrane. Two fingers having been introduced into the rectum with which to steady and estimate the thickness of the septum, the scissors are then driven forward, and upon the right side to the caruncle; then the same thing is done on the left side. The vaginal septum is then caught with a T forcep, and held forward with sufficient tension to allow of a dissection with the finger to such point as desired. We then have practically, when stretched with tenacula, a quadrilateral surface. This surface is brought together by the introduction of silkworm gut suture, introduced through the skin or mucous membrane just outside of the incision, and carried well out into the muscular and fascial tissue in order to catch any retracted fibers of the levator ani and its fascia, and restore to as nearly a normal anatomical condition as possible. These sutures appear near the floor of the split tissue, there to come out and pass over one-fourth to one-half inch, reentering the septum, gathering the muscle and fascia on the opposite side, to come out through the skin. As many stitches are introduced as are necessary to effect a closure of the wound. The tongue of the vaginal septum may bear abbreviating by cutting away small portions in some cases. I have personally found it convenient to stitch the distal end of the septum around with catgut. Complete laceration, or that form in which the sphincter ani and rectum are torn completely through, is that form most formidable to the average practitioner. It is this form of laceration in which flap splitting method is most applicable. The splitting consists in separating the vaginal and rectal septum as before mentioned. In addition to the flap splitting laterally, for the formation of the perineum downward a cut or split involving or exposing the ends of the sphincter are necessary. The first sutures to be introduced in this operation are two, including the sphincter, introduced about a quarter of an inch apart, carried from side to side through the tissue, not entering the rectum when brought together, bringing the ends of the sphincter into apposition. Too large a loop with these sutures involving the sphincter should be avoided lest it draw the sphincter too far up into the perineum, making an indentation or deformity which is undersirable. The remaining sutures are introduced as before described. The rectal edge of the tear is turned into the rectum.

The original Tait method would not pass the sutures through the skin of mucus, but just within apposing edges of the mucous membrane by the use of fine catgut, thus leaving the principal sutures embedded, necessitating some tension in their extraction. Americans have preferred the sweeping stitch, including skin and mucous membrane.

The results of this operation in my hands have proven eminently satisfactory. I believe, however, that in the hands of one thoroughly familiar with the anatomy and technique, a dissection of the torn muscles and fascia, restoring them to their normal condition, would be the height of perfection in operations for this class of injury.

In order to restore blind lacerations of the levator ani and fascia, we must needs attack the vaginal wall. We should bear in mind that the strength of the vaginal wall lies in the center, therefore we attack it laterally by stripping out a piece on either side, involving one-third or less of the vaginal wall laterally.

Observe that I say strip out, in contradistinction to denude, the object being to get down to the layer in which the muscle and fascia are found. We should also observe that the floor of the vagina is movable, while laterally it is fixed; therefore, this operation of narrowing the vagina, as described, will serve two purposes, that of bringing the levator ani, torn and retracted structures

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into normal position, and overcome, to a very great degree, the rectocele which is nearly always present. This end may be better attained by introducing the sutures in a triangular manner, the apex of the triangle being downwards, the sutures being interrupted so that when drawn tight and tied they serve to draw the tissues upward.

This operation serves not only to restore the size and tonicity of the vagina, but the rectum is also held in place, thus very materially improving the general well-being of the patient.

409-410 Century Building.

[Written for the MEDICAL BRIEF.]

A Protest.

BY J. G. HUIZINGA, M. D.,

Formerly Professor of Ophthalmology at the Post-Graduate Medical School, and Oculist and Aurist to Cook County Hospital, of Chicago, Ill.
Grand Rapids, Mich.

Out of consideration for humanity in general, and the specialist in particular, I feel constrained to enter a strong protest against the manner of treatment of corneal ulcer, and the slur on the specialist as set forth in a short article entitled "The Eye," by S. J. Smock, M. D., that appeared on page 324 of the April BRIEF.

In the first place, the Doctor very properly advises physicians to prepare themselves to treat the more common diseases of the eye, but very improperly, by implication at least, advises the use of cocaine in corneal ulcer. The Doctor should prepare himself a little better before he ventures to give advice to others.

Cocaine is a more dangerous drug to use in the treatment of corneal ulcer than morphine is in pneumonia. If the case the Doctor reports got well under its use, it was in spite of rather than because of it. The daily and constantly repeated use of cocaine is decidedly contraindicated in corneal ulcer. It should never be used in this disease at all, except as a local anesthetic, to relieve the sensitiveness of the parts, when this is necessary to make a thorough examination. At no other time is its use permissible.

In the second place, the Doctor describes a hypothetical case where a physician is "called to see a child suffering from iritis conjunctivitis, or a simple inflammation of its structures." This sentence is rather faulty, but there is no doubt as to what is intended. The Doctor means to tell us that iritis and conjunctivitis are such simple conditions, and so well understood, and so easily and satisfactorily treated, that there is no need of referring such cases to the specialist, but that the family physician should and ought to be able to treat them. What the family physician should and ought to do and know is more than I am able to decide, but that the conditions mentioned are as simple as the Doctor would have us believe is contrary to the experience of every eye specialist worthy of the name. In fact, I know of but few diseases that at times prove to be so treacherous in their manifestations, and so rebellious to the most carefully and scentifically directed treatment, and that are followed by such sad results, even under the care of the best men in the profession, than certain forms of conjunctivitis and iritis. In every text-book the caution is sounded of a grave and guarded prognosis, yet the Doctor presumes to classify them as "A simple inflammation." Verily some mortals have no sense of fear where angels tremble.

From a fairly large experience, both in public clinics and private practice, and from a fairly large acquaintance with specialists throughout the country, I protest, in the third place, against the implied accusation of lack of charitableness on the part of these men. This accusation is heard so frequently from certain quarters, that I take this occasion to state some facts that should be known. The Doctor in his article does not put it half as strong as is sometimes done, but since I am writing, anyway, I desire to make a plain statement of the facts.

In the first place, the specialist is accused of being a high-priced man to such an extent that the ordinary people can not afford to seek his advice, and, therefore, often suffer unnecessarily. I admit that the regular prices of the specialist are higher than those of the general practitioner, and the profession ought to thank them for it. The Doctor will also readily admit that he and the rest of the general practitioners are not getting as much for

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their services as they are justly entitled to. There is a large army of ordinary workmen with no responsibilities that can be compared with those of a doctor who are making and saving more money every year than most doctors do. If the specialists were to lower their prices to the level of the general practitioner, one of two things would happen: Either a great many people that ought to go to their family doctor, and not to the specialist, would nevertheless go to the specialist and seek his advice, to the great loss of the general practitioner, or the specialist would be obliged to enter the field of general practice to a greater or less extent, in order to make a reasonable living, and thus deprive the general practitioner of that amount of income. In either case the general practitioner would lose, and the specialist be none the better for it, to put it mildly.

But I maintain that the specialists' prices are not unreasonable, and certainly not as high as in other vocations of life where similar skill and ability are demanded. They are high only when compared with the prices of certain general practitioners who find it necessary to cut prices to a point that is unreasonable, and a great injustice to themselves, their families, their patients, and the profession. I know of physicians who charge only twenty-five cents for an office call, and for this magnificent sum they give to the patient medicine that at a drug store would cost them nearly twice as much, besides giving them such advice and treatment as the case may require, and assume great responsibilities. Compared with such prices, those of the specialist are high, and I, for one, glory in the fact that, in the entire profession, the specialists are among the few who get what they are justly entitled to, and not a cent more. Let the general practitioner learn a lesson from the specialist in this respect, and it will be better for everybody.

But the accusation occasionally heard, that poor people can not afford to seek advice from a specialist is certainly a mistaken notion, to say the least. I know of no set of men, not excepting the general practitioner, who give more unselfishly both of time and money for the welfare of humanity in general, and of his patients, and those of his medical friends in particular, as do these very men who are the target of so much opprobium in this respect. I believe that I can speak with some degree of authority on this subject, as I have spent nearly half of my professional career in general practice before I took up special work, and know from experience what I speak about. Besides I have been in close touch with a large number of physicians of all kinds for several years. It is true that every Tom, Dick and Harry can not obtain advice from some specialists, but for a very good reason. There are a large number of specialists who will treat these cases only when they have been referred to them by the regular family physician, but not otherwise. And this is just as it should be, and I am sure that no thinking physician can raise any objections, but ought rather to welcome this practice.

I venture to say that there is not a specialist worthy of the name who will not gladly give his services gratuitously for the benefit of any worthy poor individual that any doctor might bring to him, and be glad for the opportunity of doing it. And no one was ever turned away from the office of such a specialist without receiving such attention as his case required.

I have known specialists to travel far, paying their own railroad and hotel bills, in order to assist some physician who desired counsel and help, and not receive a dollar for their trouble, not to mention the expense incurred. Nearly every specialist makes it the rule of his practice to give his services free of charge to all who are worthy objects of such charity, when recommended to them by the family physician, and I know of no one who does not live up to it.

In conclusion, I beg that the specialist be given the same courteous consideration and treatment that is desired for the general practitioner, and I am glad to testify that among my professional acquaintances this is the rule.

215 Widdicomb Building.

Do not say stop the BRIEF. I can hardly wait for the old BRIEF to come. Enclosed you will find one dollar for 1904. —M. L. BEADLES, M. D., Roper, Ky.

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[Written for the MEDICAL BRIEF.]

Uremia.

BY R. L. MEEK, M. D.,

Professor Operative Surgery, The Bell Medical College, Dallas, Texas; Member and Vice-President (Sixth District of Texas) of American Association of Physicians and Surgeons, etc.

Having had considerable experience with this disease, and realizing the fact that some physicians do not recognize the affection readily, I will endeavor to report a case.

On March 27th, was called to see Miss H., aged seventeen, blonde, who had fallen with convulsion, and had never regained consciousness.

I arrived at 9:30 P. M., found her in comatose condition, with an occasional convulsion. Temperature, normal; pulse, eighty-six; occasional vomiting, slight edema of lower extremities, stertorous breathing, loaded bowel, bladder not distended.

Gave hypo. morphine sul., one-fourth grain; atropin sul., one one-hundred-and-fiftieth grain; following immediately with colonic flushing, with following:

℞ Chloral. Hyd.....20 grains.
Pot. Brom.....30 grains.
Aquæ ..... 1 cong.

Patient retained enema thirty minutes when a quantity of hardened feces was expelled. Convulsions continued, circulation reaching, at eleven P. M., one hundred and four; temperature, normal.

Gave one-third grain morph. sulph., hypodermatically, and ordered hot wet pack. At 12:30 convulsions ceased; patient unconscious; inability to swallow, circulation, one hundred and one; temperature, normal, and "a big sweat." Felt over region of bladder, and found little urine.

Two A. M., temperature, 101° F.; pulse, one hundred and twenty; breathing stertorous; no return of convulsions. I called for a consultant but father stated "I was doing all anyone could," so I had to make the battle alone. I ordered another hot, wet pack; gave enema of one gallon normal salt solution.

Four A. M., temperature, 101° F.; pulse, ninety-eight; no convulsions; perspiring freely; unconscious; inability to swallow. gave diuretin, thirty-five grains, per rectum, also one one-hundredth grain glonoin hypodermatically, and left to attend Mrs. A., in a case of labor.

I returned at 11:45 A. M.; found patient as I left her, except temperature 102° F.; pulse, one hundred and six. I meditated awhile, and asked for consultant again, but father refused, so I had to "hold the sack alone." I administered a hypo. of atropine sul., one sixty-fourth grain; strych. one-fortieth grain, and watched with great anxiousness for a favorable development.

At 9:30 P. M., patient became able to swallow a small bit of water, so I was "helped up." I gave her sodii benzoas, ten grains, every three hours. Consciousness returned, kidneys acted, fever abated, and at four A. M., gave the following:

℞ Hyd. Chlor. Mite ..... 8 grains.
Sodii Bicarb.....10 grains.
Pulv. Ipecac..... ½ grain.
M. Ft. Chart. No. 8. Sig.: One every hour.

Brothers, I rather expected the undertaker to get a call, and I have the pleasure (?) of filling a blank death certificate, but my expectations were blighted by the young lady's complete recovery.

I was relating the case to a physician, and he stated I was mistaken in my diagnosis, as he could see nothing but pernicious malaria.

The causes of uremia are, suppression of urine, from acute or chronic Bright's disease, probably more frequent in chronic croupous nephritis, cystic, tubercular or cancerous kidney, the puerperal state, operations on bladder, urethra, uterus, or rectum, etc.

VARIETIES.

Gastro-Intestinal.—A feeling of sudden attacks of vertigo, nausea and vomiting, pallor of face, fever ranging two to four degrees above the normal, pulse tense and generally rapid, breathing hurried, and a very scanty flow of urine, which has a low specific gravity. Convulsions occur if former symptoms are not immediately relieved; convulsions may occur, followed by a comatose condition, and death (generally) ends the scene.

Convulsive.—Epileptiform convulsions, with or without loss of consciousness; the fits follow each other, the time intervening being from a few minutes to perhaps two or three hours, the patient being delirious the greater portion of the time. In the convulsive variety the temperature

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record ranges from 103° F. to 106° F., with respiration quickened, and rapid pulse. Excesses in the use of alcoholic stimulants are responsible for many of these attacks.

Cerebral.—The patient suddenly falls with a convulsion, repeated occasionally, a comatose condition existing at the same time. Nausea and vomiting, and sometimes a rise in temperature, which is very marked, ranging from 105° to 107° F. "The stertor is peculiar; it is not the snoring of apoplexy, but a short hissing sound produced by the rush of expired air against the teeth or hard palate." This variety may terminate suddenly and fatally with a convulsion, or a deepening coma, with prostration and cold, wet skin, with edema of the lungs, or, rarely, gradually recovers.

[Written for the MEDICAL BRIEF.]

Hydrophobia and That Sort of Thing.

BY REYNOLD WEBB WILCOX, M. D., LL. D.,

Professor of Medicine at the New York Post-Graduate Medical School and Hospital; Physician to St. Mark's Hospital; Physician to Post-Graduate Hospital; Fellow of the American Academy of Medicine; Member of County Medical Society, State Medical Society, Harvard Medical Society, Medical Association of Greater New York. New York City.

It may be suggested that my title reminds one of Warner, and his somewhat unsatisfactory quest, as indeed it does, but since this evening has commenced with the relation of incidents of travel, a continuation is perhaps pardonable. Indulgence of the hearer is also asked that the reader should be more gently criticised than the author of the summer novel, for the latter is not written in summer, as was this brief account.

My story begins last April, when at a hearing before a committee of aldermen upon a proposed ordinance concerning the muzzling of dogs, the statement—and presumably an inspired one—was made that there had been ten deaths from hydrophobia in the Greater City of New York in 1902, and until that month of 1903. When, with this as a text, the commercial interests affected by the question lined themselves up for the purpose of arousing interest in a subject which commands but little attention from the physician, it is oportune that the subject should be re-investigated, and some definite conclusion be reached. It is needless to say that when a subject whose literature is deeply rooted in medieval superstition is discussed before a board of men manifesting less than canine intelligence, the result is likely to be neither conclusive nor accurate. However, the obnoxious ordinance was passed, and so far as I know, public opinion has prevented its enforcement. Perhaps this may be an example of those, who make the lawmakers, declining to be guided by improper rules promulgated by those whose official designation has long ago ceased to be considered a title, but rather an epithet.

Doubting the accuracy of the statements publicly made, I requested from the department of health a list of those who were alleged to have died from hydrophobia during the time specified, with such other data as would enable me to prosecute my inquiry. This was courteously granted, and with this end in view I sent out the following letter to each coroner or physician certifying to the death:

679 Madison Avenue, City.
June 20th, 1903.

Dear Sir: The Department of Health of the City of New York, report to me that you certified that ————, aged —— years, died at ———— of hydrophobia, on ————.

As I have been engaged in the study of the matter for about twenty years, I am especially anxious to acquire information upon the subject. May I ask that you will furnish me with the following data:

1. Was dog proven to be suffering from rabies? If so, how?
2. What part of person was bitten?
3. How long after bite did symptoms develop?
4. What were the symptoms? First stage, second stage, third stage?
5. What treatment was administered? If "Pasteur" treatment, how much, at what time in the history, or with what effect?
6. Was a *post-mortem* examination made? If so, what was found?
7. Were any inoculation experiments made? If so, what was found?
8. Were any microscopical examinations made? If so, what was found?
9. What were the principal points in diagnosis?

I hope to have full answers in order that some light may be thrown on the subject. Knowing that your time is valuable, I would not trespass upon it were it not important. Thanking you in advance, I am,

Yours very truly,

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The following reports were obtained:

Case 1.—Coroner's case. No evidence obtainable.

Case 2.—Coroner's case. Man, thirty-two years old, was bitten on right hand, and symptoms developed after nine weeks. The wound was cauterized. *Post-mortem* examination made; report concludes, "Cause of death not apparent on gross examination."

Case 3.—The dog was proven rabid by the fact that its victim developed and died of rabies. The left index finger was bitten. The symptoms developed twenty-four days after the bite. Symptoms were: First stage—Pain in left hand, gradually extending to forearm; languid feeling; lack of interest in usual occupation, lessons, piano, etc. Second stage—Headache, pain in left forearm has extended to arm and shoulder, and is now felt in left side of neck. Pulse, one hundred and forty-eight; respiration, thirty; respiratory spasm (laryngeal) brought on by blowing in girl's face, or by attempts at drinking water. Blood examination: leucocytosis, ten thousand three hundred; later, left hand and forearm slightly cold. Respiration, thirty-eight; pulse, one hundred and twenty; temperature 99.8° F. Third stage—Pupils dilated; spasms frequent and very marked; left hand and forearm colder; patient can not swallow; face flushed and hot; body covered with perspiration; excitement and subdelirium. Twelve hours before death: leucocytosis, twenty thousand three hundred (chiefly polynuclear). Five hours before death: respiration very irregular; pulse can not be felt, but heart's sounds are counted, two hundred and twenty; temperature (rectal), 106.4° F. The Pasteur treatment was not administered. Patient was brought during the first stage of the disease, and passed into the second stage on the evening of the same day (twenty-seven days after the bite). She was given calomel, ox-gall enemata, later nutrient enemata, and hypodermatic injections of hyoscin hydrobromate. No *post-mortem* examination allowed. Inoculation experiments were made with saliva taken a few hours before death; positive. One vagus ganglion was resected, and showed the lesions described by Van Gehuchten and Nélis. The patient never knew the nature of her ailment. The diagnosis was based upon the facies, gradual sequence of symptoms, the typical respiratory spasms, and the leucocytosis. The diagnosis was confirmed by the microscopical examination of the vagus ganglion, and the inoculation of the saliva in animals. The dog had shown clinical symptoms of rabies, but had disappeared.

Case 4.—Coroner's case. Girl, nine years old, bitten by a dog some months previous, and did not show any symptoms of any description until just prior to death, when the child developed convulsions, and during an attack. No history or symptoms of hydrophobia, and therefore passed as a case of death due to infantile convulsions. There was no evidence that the dog was mad, and no treatment of any kind administered for dog bite.

Case 5.—Coroner's case. No evidence obtainable.

Case 6.—Coroner's case. Woman, sixty-two years, about three weeks previous was bitten on the right foot; took eighteen treatments (Pasteur); later was taken ill and died after two days. The dog was shot on the same day as the biting.

Case 7.—This patient is said to have been treated at the Pasteur Institute. No evidence is obtainable.

Case 8.—Coroner's case. No information obtainable; although a *post-mortem* examination was made no report is on file or can be obtained.

Case 9.—The certifying physician writes: "The family wish to avoid any further discussion of this unfortunate affair."

Case 10.—Coroner's case. No information obtainable.

It is noticeable that seven of the ten instances are coroner's cases. In one of these the coroner's physician denies that hydrophobia was the cause of death. Of the remaining three, in two there was no conclusive evidence which I could obtain. The remaining patient (No. 3) was under careful observation, and was the only one whose record needs analysis.

1. The development of the symptoms twenty-four days after the bite is decidedly early for Brouardel (second month), Bauer (seventy-two days), or more spe-

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cifically, bites in the face, forty-eight days, on the extremities sixty-nine days.

2. Leucocytosis can be accounted for as an *ante-mortem* leucocytosis. In this instance it did not reach the thirty thousand of Gottlieb's, or sixty thousand of Reider's case. In the latter eighty-nine and five-tenths per cent were polynuclear. On the other hand Cabot reports eleven thousand nine hundred in a fatal case, tetanus treated by antitoxin.

3. Respiratory spasm is quite as common in tetanus as it is in various other conditions.

4. The temperature usually remains low until just before death in tetanus.

5. The mental symptoms are those usually found in tetanus.

6. The microscopical appearances of the ganglia are identical with those caused by the toxin of botulismus (sausage poisoning), and similar to the result of the toxin in tetanus.

7. The inoculation experiments are not conclusive unless carried further than is stated. In the absence of more definite information the diagnosis would more logically be tetanus than that stated. The most that can be claimed for those cases is that the diagnosis of hydrophobia is not proven. In some instances there is no evident reason why that diagnosis was assumed. Another matter upon which sufficient emphasis has not been laid is the importance of careful and accurate *post-mortem* examination. At present it may safely be said that there is not any constant pathological anatomy in so-called hydrophobia.

679 Madison Avenue.

(To be continued.)

I sent you my first dollar in April, 1889. With the exception of twice, or perhaps thrice, I have sent you my dollar to reach you on or about April 2d, lo, these fifteen years. I consider the BRIEF extra value, or I would have dropped it long ago. When I first ordered the BRIEF I was reading seven medical journals. I dropped them all long ago. I find more medical food in the BRIEF than was in all the others combined.—JAS. REEKIE, M. D., San Francisco, Cal.

[Written for the MEDICAL BRIEF.]

Finding the Appendix.

BY CHARLES C. MILLER, M. D.,
Professor of Clinical Surgery, Harvey Medical College.
Chicago, Ill.

The practitioner is often tempted to operate for appendicitis when he considers that the organ is small, and can be removed without difficulty in the beginning of an acute inflammatory attack, but in a great many instances he is deterred by the fear that when he enters an abdominal cavity with its many feet of intestines, that he will be unable to find this little organ. Many a capable and ambitious practitioner has looked over the literature at his command in search of details by the knowledge of which he may feel assured that he can find his way to the appendix after the abdomen has been opened. In this search for information, the practitioner will learn that the appendix is usually found in the right iliac fossa, and it is attached to the head of the colon, this latter organ being recognized by three longitudinal bands of muscular fibers. He will be instructed to follow one of these bands, and it will lead him to the base of the appendix. Many a capable man has felt grave doubt as to his ability to find the appendix under these circumstances without undue loss of time, and he has thus been deterred from operating upon patients suffering with disease of the appendix.

I wish in this article to call attention to the proper time for the beginner in abdominal surgery to operate in appendicitis, and then to detail a method which I have followed with no little success in finding the appendix with the least loss of time and exposure of the viscera after the abdominal cavity has been entered.

In the healthy individual the removal of the appendix would be an exceedingly simple operation were it indicated, and the complications met with in operations upon the appendix are only the result, as a rule, of an acute inflammation, which has persisted for a number of days at least. This inflammation appendicular and peri-appendicular manifests itself by unmistakable and characteristic symp-

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toms of such a nature that a physician is almost invariably called early before conditions have developed which would render operation difficult.

The practitioner who is ambitious to operate upon the appendix, and who has had but a limited abdominal experience, should in the beginning limit himself, if possible, to cases in which an acute inflammation of the organ has manifested itself for the first time but a few hours before.

The patient with appendicitis is seized with a severe abdominal pain radiating over the abdomen. The entire abdomen is tender, there may be slight fever, vomiting occurs, and the patient is constipated. The pain early localizes in the right iliac fossa, the pulse rate increases, tenderness becomes marked in the right iliac fossa, and rigidity of the rectus muscle on the right develops. The case becomes clearly that of acute appendicitis, yet only a few hours has elapsed since the onset of the disease. This is preeminently the time for the practitioner to begin his surgical experience with the appendix, if the symptoms are at all severe.

Precautions as to asepsis must be taken, but at this time the operation is of short duration, simple of execution, but few instruments and no assistants are essential, and for this reason due aseptic precautions can be taken without elaborate outlay.

The practitioner who is doing any amount of surgery should supply himself with an inexpensive sterilizer at least. In such an instrument an ample supply of towels and sheets can be sterilized by steaming, and the patient, operator and any assistants can be protected by these sheets and towels. If such be not at hand, a solution of bichloride, one to two thousand, can be made; the protective sheets and towels should be wrung out in this antiseptic solution before using.

All water about the operation should be strained and boiled, and the patient, after being anesthetized, should be thoroughly scrubbed about the site of the proposed incision. The greater portion of the anterior wall of the abdomen should be cleansed, and antiseptic solutions are used to an advantage. The operator will do well to spend twenty minutes in scrubbing his hands with soap and brush. Basins, brushes and instruments should all be boiled before the operation. All portions of the patient should be protected by the sterile or antiseptic sheets and towels, except the right lower quadrant of the abdomen. All participating in the operation should be protected by sterile sheets and towels.

Different men have given rather elaborate instructions as to the exact situation of the incision. This is not of vital importance. I usually make an incision from one to two inches from the anterior superior spine of the ilium on the line running from this point to the umbilicus. The incision corresponds to the course of the fibers of the external oblique muscle. After the fibers of the external oblique have been separated the incision is carefully deepened until the peritoneum has been opened. The incision at first need be no longer than is necessary to freely admit the index finger. It is a mistake for the operator to think that the easiest way to find the appendix will be through a long incision, searching by sight rather than by touch.

The appendix is situated upon the head of the colon, and this organ having a shorter mesentery than the small intestines, in most instances lies posterior, and to the outer side of the loops of small bowel. When the abdomen is opened the small intestines present in nearly all cases. In front of the intestines we find the omentum. Many operators will push aside the omentum, and pull out the first loop of bowel, which presents. This will invariably be a loop of small bowel. They will examine it for the longitudinal bands, and not finding them, will push it back and pull out a second loop of small bowel merely because it presents and is easily accessible. This is the very reason they should not trouble such a loop. In this way with some surgeons two or three loops of small bowel will be pulled out of the abdomen and examined a number of times, and pushed back again, the operator working over the same loops, and wondering why he cannot find an elusive colon.

The surest way to find the colon, and with it the appendix, is to carry one index

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finger into the abdomen, and to direct it along the outer wall of the abdomen, and to carry it backward as far as possible, directing it toward the liver slightly. When it can be pushed no further, it should be turned with the palmar surface toward the median line of the body, and should be gently crooked. It is thus crooked so as to loop up the intestines, the procedure is continued, reaching toward the median line, and elevating the finger at the same time. Now, with the other index finger, as the loops of bowel present at the abdominal incision, they are pushed away toward the median line. We need not see the intestines, as we slip them to one side. There is one loop of bowel wanted, that is the loop which lies upon the index finger, which has been carried far down into the abdomen. This loop is gently pulled out of the abdomen, and will almost invariably prove to be the colon. In exceptional instances it may be necessary to repeat this procedure, but one can easily see why it should be quite uniformly successful in securing the colon.

The removal of the appendix is easily accomplished. I prefer to crush it with a pair of hemostats, then ligate it, and after cutting away the organ, to cover the stump with the purse-string suture.

The closure of the abdomen after the return of the colon is accomplished in the hospitals of the larger cities, as a rule, with a view of having the patient about very shortly after the operation, but I do not consider this advisable in private house work, as people are prone under such circumstances to attribute any complication or unpleasant developments to the early freedom of the patient. It is thus best to keep all such patients confined strictly to the recumbent posture for at least two weeks after the operation, and in all such cases two through and through silkworm gut sutures will quickly and satisfactorily close a short incision in the abdomen.

100 State Street.

"Never deny the lies told by your competitor. Never allow yourself to be put on the defensive. Your lying competitor can invent lies faster than you can deny them."—*Polk.*

[Written for the MEDICAL BRIEF.]

Hematuria.

BY HENRY JAMESON, A. M., M. D.,

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Bleeding from the genito-urinary tract is a condition causing alarm to the patient and apprehension to the physician. Sometimes occurring without other symptoms, the so-called essential hematuria is obscure as to its origin. In other cases the cause is plain.

In determining the etiology of hematuria, the genito-urinary tract must be examined from the kidney to the urinary meatus. Traumatism, tubercular inflammations, new growths and calculi may produce conditions in any part of the tract which result in blood appearing in the urine. Under the kidney proper, must be classed congestion, acute and chronic nephritis, abcesses of the kidney, and syphilitic inflammations; also embolism, thrombosis, and even parasites. Hemorrhage from the renal vessels also occurs from many constitutional conditions, such as the infectious diseases, notably malaria, and from the use of turpentine, cantharides and other drugs. Scurvy, purpura hemophilia and anemia may cause it, and it may even be vicarious, in connection with amenorrhea and hemorrhoids. Seventeen cases of hematuria with pregnancy have been reported.

In addition to the general causes mentioned above, blood may come from the bladder, from acute and chronic inflammations, ulcerations, over-distensions and dilated veins associated with enlarged prostate. And the cystoscope has revealed hemorrhage from the bladder, mucous membrane in constitutional conditions, without local excitant, ascribed to gout and conditions resulting in arteriosclerosis, fatty and amyloid degeneration of the vesical lining. Frank reports a case of hematuria from uric acid crystals clinging to the mucous membrane and removal by the Bigelow evacuator, followed by cure maintained through two years of observation. Blood from the urethra also arises in gonorrhea, from abcess rupturing

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into its lumen, and from abrasions from foreign bodies.

Diagnosis of hemorrhage from below and above the triangular ligament has long been made by the two-glass test and catheter, but it was not until the invention of the cystoscope, in 1886, that the way was opened for more accurate determination of the source of hemorrhage from the kidney and bladder. The cystoscope has made clear many cases of hemorrhage in the bladder and led to a rational treatment either medical or surgical, resulting in complete removal of the etiological factor. Closely following the cystoscope, and by its means, came the very valuable procedure of catheterizing the ureters, by means of which it is possible to analyze urine from each kidney separately, and locate with a certainty the offending organ, in case one kidney alone is diseased.

The urethra and bladder are easily accessible for treatment, both medicinally and surgically, and with the cystoscope, the methods of treatment have been much elucidated and simplified.

The greatest interest pertains to the diagnosis and treatment of the so-called "essential renal" or "Angio-neurotic" hematuria. Recent investigation, and more careful observation, has in most cases removed the mystery surrounding this symptomless bleeding, and has shown it to be due to chronic nephritis, incipient tuberculosis, some bacterial infection of the organ, or a movable or hydronephrotic kidney. Boursier claims "that oxalate or urate crystals too small to be considered calculi may cause hematuria, especially in children after digestive disturbances."

In 1858 Veretas suggested that hematuria might be caused by the administration of quinine in malarial subjects. This is still an unsettled question. Bastianelli propounds the following rules: "If blood occurs during the paroxysms and parasites are found, use quinine. If parasites are not found, do not use quinine. If quinine has been used before the hematuria begins and there are no parasites, discontinue the quinine." Renal bleeding from malarial infection, if refractory to quinine, is often arrested by the administration of turpentine.

The pain frequently associated with renal hematuria often extends along the line of the ureter even to the testicle leading to a diagnosis of renal stone, and operation in many cases has revealed the absence of stone and relief of the hematuria. Belfield reports a case of serious protracted hemorrhage from the right kidney, unaffected by turpentine, cantharides and other remedies, in which a history of syphilis led to the administration of iodides. Ten days later the bleeding stopped permanently.

Duncanson reports a case of hematuria where the hemorrhage ceased in twenty-four hours after the administration of adrenalin in five-minim doses every four hours, and later every two or three hours. It is also used in one to twenty thousand or one to thirty thousand injected into the bladder and allowed to remain five minutes. It not only controls the bleeding if its source is within the viscus, but it also assists in determining whether the hemorrhage is from the bladder or the kidneys.

Many agents have been employed in the treatment of renal bleeding, many times with success—many times with failure, such as recumbent position, cantharides, quinine, turpentine, mercurials, massage, and more recently gelatin, and supra-renal extracts.

Oliver reports a case where there were five attacks of hematuria at intervals of about four years. The cure of the first attack was credited to quinine, which had no effect on the second attack, which yielded to rest. During the third attack the patient led an active out-door life and the attack was of no longer duration than the other two.

Chronic nephritis stands foremost as the causative factor in so-called symptomless hematuria. In eighteen kidneys excised for hematuria, seventeen were found to be diseased. Eliminating the constitutional causes, there remain three other conditions of importance; tuberculosis, congestion and septic infection.

Treatment should, in mild cases, be conservative—the recumbent posture, turpentine, cantharides, and urotropine should be tried with saline aperients and proper diet. Supra-renal extracts and gelatin are worthy of trial, and recent investigations seem to show hemostatic effects from the

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internal administration of both as well as by subcutaneous and venous infusion.

If the hemorrhage continues, or is alarming, surgical measures should be resorted to—such as acupuncture, splitting the capsule or nephrotomy. Of these, nephrotomy offers the best chances of cure in non-tubercular cases, as shown by recent investigations, and also permits of a more careful examination of the kidneys and pelvis for possible stone or hydronephrosis. This is a safe procedure and will usually render nephrectomy unnecessary.

212 Newton Claypool Building.

[Written for the MEDICAL BRIEF.]

A Study On Light.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S., LL. D.

A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner. New York City.

[ARTICLE III.]

That the sun's rays alone gives to plants the property of reflecting color is proved by the process of blanching, or the etiolated stall, produced artificially, excluding them from light.

By a triangular piece of glass, a prism, we are enabled to resolve light into its ultimate rays. These rays observe a curious constancy in their positions. The red ray is always the least bent out of the straight path which the ray of light would have taken but for the interposition of the prism; the yellow class comes next in the order of refrangibility, and the blue on the most diverted from the vertex of the prism. The largest amount of illuminating power exists in the yellow ray, and it diminishes toward either end of the spectrum. It is not uninteresting to observe something like the same kind of color occurring at each end of the prismatic spectrum. The strict order in which the pure and mixed colored rays present themselves is as follows:

1. The extreme red: A ray which can only be discovered when the eye is protected from the glare of the other rays by a cobalt blue glass, is of a crimson character—a mixture of the red and the blue, red predominating.

2. The red: The first ray visible under ordinary circumstances.

3. The orange: Red passing into and combining with yellow.

4. The yellow: The most intensely luminous of the rays.

5. The green: The green passing into and blending with the blue.

6. The blue: In which the light very rapidly diminishes.

7. The indigo: The dark intensity of blue.

8. The violet: The blue mingled again with the red, blue being in excess.

9. The lavender gray: Which is discovered most easily when the spectrum is thrown upon a sheet of tumeric paper.

Newton regarded the spectrum as consisting of seven colors of definite and unvariability. Brewster and others appear to have detected a greater diffusion of the colors over the spectrum, and regard white light as consisting only of three rays, which in the spectrum overlap each other; and from these red, blue and yellow all the others can certainly be formed by combination in varying proportions.

The heating power found in various parts of the spectrum, which, although shown to be in a remarkable manner regulated by color, is not directly connected with it; that is, not as the effect of a cause, on the contrary. Regarding the chemical action of the solar rays, to which from its important bearings I shall devote separate pages further on, has in like manner with heat, been confounded with the sun's luminous power, but although associated with light and heat, and modified by their presence, it must be distinguished from them.

We find the maximum of heat at one end of the spectrum, and that of chemical excitation at the other—luminous power observing a mean point between them. Without doubt we have all these powers acting reciprocally, modifying all the phenomena of each other, and thus giving rise to the difficulties which beset the inquirer on every side. We shall now have, however, to consider under the present head a class of chemical phenomena, which, if not directly the effect of light, are the results of its primary excitement.

We have beautiful natural illustrations of luminous refraction in the rainbow and in the halo; in both cases the ray of light being separated by the refractive

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power of the falling rain or the moisture which constitutes a fog. In that simple toy of the child, the soap bubble floating upon the air, the philosopher finds subjects for its contemplation; and from the unrivalled play of the colors which he discovers in that attenuated film, he learns that the varying thickness of the surfaces influence, in a most remarkable manner, the colors of the sunbeam. Films of oil floating upon water present similar appearances; and the colors produced in tempering steel are due entirely to the thickness of the oxidized surface produced by heat. The rich play of tints upon mother-of-pearl, in the feathers of many birds, the rings seen in the cracks of rock-crystal, or between the unequal faces of two pieces of glass, and produced by many chemical, and, indeed, mechanical operations, are all owing to the same cause; that is, to the interference of light; or to rays proceeding from the same source, but crossing each other at very acute angles. If we take one of those steel ornaments which are formed by being covered with an immense number of fine lines, it will be evident that these striæ present many different angles of reflection, and that, consequently, the rays thrown back will, at some point or another, have a tendency to cross each other. The result of this is that the quantity of light is augmented at some points of intersection and annihilated at others. Out of the investigation of the phenomena of defraction, of the effects of thin and thick plates upon light and the results of interference has arisen the discovery of one of the most remarkable conditions within the range of physical science.

Two Bright Lights May Be Made to Produce Darkness.—If two pencils of light radiate from two spots very close to each other in such a manner that they cross each other at a given point, any object placed at that line of interference will be illuminated with the sun of the two luminous pencils. If we suppose those rays to be made in waves, and the elevation of the wave to represent the maximum of luminous effect, then the two waves meeting when they are both at the height of their undulation, will necessarily produce a spot of greater intensity. If now we so arrange the points of radiation that the systems of luminous waves proceed irregularly, and that one arrives at the screen half an undulation before the other, the one in elevation falling into the depression of the other, a mutual annihilation is the consequence. This fact, paradoxical as it may appear, was broadly noted by Grimaldi in the description of his experiments on the inflection of light, and has been observed by many others. The vibratory hypothesis, seizing upon the analogy presented by two systems of waves in water, explains this plausibly; but still upon examination it does not appear that the explanation is quite free from objection.

Another theory, not altogether new to us, being indicated in Mayer's hypothesis of three primary colors (1775), and to be found as a problem in some of the encyclopedias of the last century, has been put forth, in a very original manner, by that master mind of intellectual Germany, Goethe; and from the very comprehensive view which this poet-philosopher has taken of both animal and vegetable physiology (views which have been adopted by some of the first naturalists of Europe), we are bound to receive his theory of colors with every respect and attention.

Goethe regards colors as the "thinning" of light; that is, by obstructing a portion of white light, yellow is produced; by reducing it still farther, red is supposed to result; and by yet farther retarding the free passage of the beam, we procure a blue color, which is the next remove from blackness, or the absence of light. There is truth in this; it bears about it a simplicity which will satisfy many minds; by it many of the phenomena of color may be explained; but it is insufficient for any interpretation of several of those recondite laws to which the other theories do give us some insight. Newton may have allowed himself to be misled by the analysis presented between the seven rays of the spectrum, and the notes in an octave. The mystic number, seven, may have clung like a fibre of the web of superstition to the cloak of the great philosopher; but the attack made by Goethe upon the Newtonian philosophy betrays the melancholy fact of his being diseased with the

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lamentable weakness of too many exalted minds—an overweening self-esteem.

The polarization of light, as it has been unfortunately called—unfortunately, as conveying an idea terminate and different points or poles, which only exists in theoretical analogy—presents to us a class of phenomena which promise to unclose the mysterious doors of the molecular constitution of bodies.

To give a familiar illustration of the distinction between ordinary and polarized light, we will suppose the use of a cylinder having a mirror at one end of it. If we point this to the sun, and receive a reflected image on a distant screen, we may turn the cylinder round on its axis, and the reflective ray will be found to revolve constantly and regularly with it. If, now, instead of receiving the ray direct from the sun, we allow a beam reflected from a glass plate at an angle of about fifty-four degrees to fall upon the mirror, and then be reflected onto the screen, it will be found that the point of light has not the same properties as that previously examined; it is altered in its degree of intensity as the cylinder is turned around, has points of greatest brightness, and others at which it is lost in shadow. The polarized beam has been well compared to "a long, flat, straight stick," having sides, the ordinary ray being regarded a cylindrical. This remarkable change, as produced by the reflection of the ray from glass, was first observed by Molus, in 1808, when amusing himself by looking at the beams of the setting sun reflected from the windows of the Luxemburg palace through a double refracting prism. The same fact was, however, noticed in the first instance by Erasmus Bartoli, in Iceland-spar, a crystal, the primitive form of which is a rhomboedrop, who perceived that the two images produced by this body were not in the same physical conditions. It was also studied by Huyghens and Sir Isaac Newton, to whom is due the singular idea that a ray of light emerging from such a crystal has sides.

It must not be considered that this change in the character of the luminous beam is due to any of the powers of reflection or refraction of bodies; it is a property of matter independent of the other modes of action which it exercises over light.

The variety of striking effects produced by the polarization of light; the unexpected results which have sprung from the investigation of the laws by which it is regulated; and the singular beauty of many of its phenomena, have made it one of the most attractive subjects of modern science.

[Written for the MEDICAL BRIEF.]

Lateral Curvature.

BY EDWARD H. BRADFORD, M. D.,

Professor of Orthopedic Surgery in Harvard University; Surgeon to Children's Hospital, Boston; Member of American Orthopedic Association, etc. Boston, Mass.

Lateral curvature is an affection of which it is desirable that there should be a better understanding. The subject is one to which little attention is paid in the curricula of our medical schools, as it is not easily presented in an attractive way. Even specialists in their writings on the subject are more prone to advocate some particular method of treatment than to treat the affection with the broad and thorough consideration given surgical affections. The result of this is that the general practitioner is unable to decide what cases demand immediate treatment, and what should be classed as beyond the possibilities of cure.

Lateral curvature must be regarded as a deformity and not a disease. It is analogous to such distortions as result from the weakness of tissues unable to adapt themselves to strain or the superimposed weight placed upon them. It may occur at any period in the growth of the child, even in infancy, from the faulty position in which the infant is held. It is more common in girls than boys, probably owing to the greater rapidity of growth in girls on the approach of puberty.

There has been much confusion in the classification of spinal curves; slight deviations due to muscular weakness have often been grouped with those accompanied by marked distortion of bone and the results of treatment are in consequence less easily examined.

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Faulty attitudes should be separated clinically from true scoliotic curves. Where any structural change has taken place the condition may be considered pathological.

It is desirable to make a careful examination of every suspected case. The back should be bared, and where it is feasible the clothing should be removed from the entire figure and the patient examined standing in front of the physician; the slope of the shoulders, the line of the spine, the cleft of the buttock, the outlines of the two sides, the position of the shoulder blades, all should be noted.

The patient should be seen from the side and the position of the body and the relation to plumbline falling from the mastoid process to the foot should be determined. The patient should then be obliged to stoop forward and the trunk be inspected as it arches forward.

Where any structural change has taken place there will be a lack of symmetry, either in the slope of the shoulders and in the position of the shoulder blades relative to the median line. The outline of the two sides of the body and in the backward projection of the ribs as well as the curve in the line of the spinous processes should if present be determined. Inspected from the side, variations will be seen in the abnormal projection of the abdomen and a hollowing of the back, a forward position of the pelvis, or a backward position of the shoulders, the neck running forward; the belly protrudes, the back is hollowed, the chest is flattened.

The prognosis depends upon the amount of deformity and the amount of structural change, this being dependent also on the age of the patient.

The treatment of curvature of the spine necessarily depends upon the extent and degree of the deformity. The surgeon has certain measures at his command which may be grouped as follows:

Forcible correction.

Gradual correction.

Flexible exercises, muscular exercises.

And in addition to such mechanical means as may be necessary to retain for awhile the patient in a correct attitude.

It may be said that the greater the amount of muscular weakness, the greater is the amount of muscular gymnastic exercise needed. The greater the amount of ligamentous shortening, the greater the need of force. The greater the amount of bony change, the less probability of complete correction without subjecting the patient to an undue amount of discomfort.

Where patients are growing rapidly and the curvature is increasing, it is often necessary to retain by apparatus or stiff corsets the twisting trunk in the correct attitude until the bones have attained a sufficient amount of growth to arrest any further increase in distortion of the individual vertebræ, but all mechanical appliances must be supplemented by very careful and thorough muscular development, which is the basis of all treatment leading to a permanent cure. Of late, successful attempts have been made in the correction of severe twists, by section of the ribs, which is followed by pressure correction, but even where operative measures are attempted, gymnastic exercises carefully directed and supervised are necessary for a long period. The successful treatment of scoliosis demands to a great degree an exercise on the part of the practitioner of the art of taking infinite pains.

[Written for the MEDICAL BRIEF.]

The Liver of the Dyspeptic.

BY JOHN C. HEMMETER, M. D., PHIL. D., ETC.,
Professor of Physiology and Clinical Professor of Diseases of the Digestive Organs, Director of the Clinical Laboratory University of Maryland, Baltimore, Md.

When the Plebeians had revolted against the Patricians, and Menennius Agrippa addressed them with the fable of Æsop, concerning the revolt of the members of the body against the stomach: "Why should we be perpetually engaged in administering to the wants of the stomach," said the members of the body, "when he does nothing but take his rest and enjoy himself in luxury and self-indulgence?" So they refused their assistance to the stomach. The whole body quickly became debilitated, and the hands, feet, mouth and eyes, when too late, repented their folly. He instructed them on the important functions of an organ concerning which they knew nothing. If he had had

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any idea of the function of the liver in those days, he might have substituted this organ for the stomach, in the fable of Æsop. What a quiet, modest, hard worker the liver is! Much abused for his life-saving exertions; and yet long-suffering, with incomprehensible endurance, and not resenting the sins of omission and commission which the body state of the human organism commits against it.

In order to understand what the organism suffers when the functions of the liver are lost or eliminated, we will have to know all those useful, beautiful things which the liver accomplishes when in a state of perfect health. Unfortunately those are just the things we do not know. But judging even from those few well-ascertained facts that we are fortunately in possession of, we can readily conceive that the liver is an organ secondary in importance only to the heart, for human life. Living things can do without stomachs. They can live for forty days without eating at all, but mammalia can only live a few days, sometimes not twenty-four hours, without a liver.

I shall not speak of its bile-forming and bile-excreting functions of its glycogen formation, nor the hepatic generation of urea, three functions of far-reaching importance. I shall not even speak of the digestive, nutritive and assimilative function of the liver.

For a very large part of the albuminous products of gastric and intestinal digestion undergo a secondary digestion and transformation in the liver. We may conceive this organ as passing upon these products whether they shall be considered fit to enter the general circulation, for assimilation by the cells of the various tissues. The portal circulation brings a large variety of digestive products from the intestinal canal which undergo further chemic changes in the hepatic parenchyma. If the gastric and intestinal digestion is so abnormal that the results of this digestion in the alimentary tract furnishes incomplete bodies, substances immature, and far from being congenial to the cells of the tissues, the liver, in its efforts to reform them, may become overworked. In certain intensely infectious diseases, like dysentery, or typhoid fever, the products of bacterial decomposition will be added to those of a defective digestion, and a condition of absolute loss of function of the liver may supervene. I have spoken of this as "paralysis of the liver." (Hemmeter—Diseases of Intestines, Vol I.)

A few years ago, Bouchard and Hanot called attention to a peculiar enlargement and induration of the liver which occurred in the course of chronic gastric and intestinal dyspepsia. Of course, if we have an enlargement of the liver we think first of alcoholism, and then of cholelithiasis and cholangitis. If we can exclude these we may think of tuberculosis, carcinoma and syphilis. Personally I have encountered enlargements and indurations of the liver, of a temporary nature, in the course of colitis or gastritis, which disappeared when these conditions were cured. These hepatic enlargements could not be attributed to any of the other causes mentioned. Bouchard asserts that he has found enlargement of the liver in twenty-three per cent of all his cases of dilatation of the stomach. My personal experience is that I do find hepatic enlargement with dilated stomachs, but not as frequent as Bouchard asserts. I should say perhaps in ten per cent of the cases. This so-called "liver of the dyspeptic" shows remarkable variations in size, under the influence of diet, and cleansing of the gastro-intestinal canal. For instance, a carefully sterilized diet, such as boiled milk and boiled beef, together with lavage of the colon and stomach, with bodily and mental rest, will very often cause a reduction in size. Boix has shown that lactic, butyric and acetic acid, when fed to experimental animals for a long time, may lead to a genuine cirrhosis of the liver. These acids are among the most common and frequent results of abnormal gastro-intestinal digestion, and I see no reason why they should not cause hepatic irritation with consequent hyperemia in human beings if they are compelled to pass through the liver parenchyma for years. (See Hemmeter—Gastro-Intestinal Autointoxication, *International Clinics*, twelfth series, Vols. I and II.) The dyspeptic liver is, in my experience, not a frequent disease. It is not important because of its frequency, but it is most

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interesting that such a dyspeptic hepatic enlargement should occur at all. For instance, in sixty-four cases of hepatic cirrhosis, only four could not be attributed to the other causes before mentioned. Hanot and Boix attribute this hepatic enlargement to chronic intestinal autointoxication. It is a well-known fact that the liver is drawn into sympathetic affection in all intestinal infections and intoxications. There is an acute yellow atrophy of the liver which results from sausage poisoning, and there is an epidemic icterus of gastro-intestinal origin; then we have the so-called Weil's disease, which, as far as we understand it at present, is febrile icterus in combination with nephritis, which may run its course with severe disturbances of the central nervous system and terminate fatally. The liver changes may be due to toxic influences, because bacteria have not been found in the organ in many such conditions. Czerny and Thiemich have called attention to the frequent occurrence of fatty liver in association with gastro-intestinal catarrhs of children, but as this fatty liver may occur in any of the wasting diseases, it is doubtful whether it can be attributed to intestinal autointoxication.

Schiff, Hegar and Roger have called attention to the protecting function of the liver by which it converts toxalbumins and other toxines into harmless substances. Nencki and his school confirmed this by experiments on exclusion of the liver from the circulation, after which toxic symptoms were caused, especially after albuminous foods were ingested. Rovighi says: "Like unto Minos in Dante, the liver tests the conscience of those that want to enter, and knows their sins."

The Protective Function of the Liver.—Not only the end products of the digestion of foods, particularly carbohydrates and fats, are stored up in the liver, but it is a well-known fact that iron, copper, mercury, arsenic and antimony are stored up in the liver, and can be demonstrated in this organ in cases of poisoning by such substances. The protective function of the liver may exert itself in three ways:

1. Rapid excretion of the poison with the bile.

2. Deposition and retention of the poison in the liver, whereby it is for a long time withheld from the general circulation, and instead of a sudden, acute intoxication, a slow, milder and protracted form is substituted.

3. Chemical transformation of the poison into less harmful bodies.

The protective function of the liver as described under No. 1 in the preceding does not impress me as a very logical conception. In the first place there is good reason for believing that when large doses of a well-recognizable poison are administered to an animal, comparatively very small amounts are excreted with the bile. But even if larger quantities of the poison should be excreted in this manner, they have the best oportunity to be reabsorbed during their passage through the long intestinal tract. In my opinion, the liver can hardly exert its protective function by excreting the poison in the manner suggested. Any protective function must therefore be due to retention or transformation of the toxines.

The Prophylaxis and Treatment.—The prevention of such over-taxed livers depends upon the selection of a diet which shall cause no gastro-intestinal fermentation and putrefaction. Here a diet consisting largely of milk and boiled beef holds out the greatest promise. If diarrhea is present, a diet is recommended which is given in detail in the author's work on "Diseases of the Stomach," third edition, page 246; in case of constipation, the diet list on page 247. A schedule for diet for intestinal antisepsis is given on page 251. The lack of space forbids the detailed presentation of these diets in this article. It is necessary to avoid alcohol and tobacco, also the spices, condiments and any high seasoning in the food. Intestinal antiseptics had best be avoided also. As most of the fermentation and putrefaction occurs in the two ends of the digestive tract, either in the stomach or the colon, the most effective and at the same time the least harmful method of antiseptic treatment consists in lavage of the stomach and lavage of the colon. Above all things let the patient be taken out of his or her family, social or business ruts. Two-

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thirds of them are hypochondriacs. Let them seek enjoyment and cease worrying. "Sufficient unto the day is the evil thereof."

No. 1734 Linden Avenue.

[Written for the MEDICAL BRIEF.]

Gynecological Diagnosis.

BY GEORGE WARTON KAAN, M. D.,
Professor of Clinical Gynecology in Tuft's Medical College,
Boston, Mass.

In my student days at the medical school, the professor of diseases of the ear remarked to me that a most excellent way to gain experience and a good technic in the examination of ears, was to examine the ears of all my patients whether they had aural symptoms or not. Far from objecting, most patients would esteem it a sign of added watchfulness and care. There is no question of the soundness of this advice, and it applies as well to many other organs besides the ear, but not to the examination of the female genitalia. In this latter case the patient needs to feel pretty well assured in her own mind that she has some local trouble before she will consent to an examination.

It follows, therefore, that the average general practitioner in his earlier years does not get sufficient opportunity to enable him to cultivate his tactile sense and gain an ability to make a gynecological diagnosis. Apparently recognizing this inefficiency and the practical inutility of their making any examination, some physicians are satisfied to consider that bearing down pains are always associated with prolapse of the uterus, and pain in the ovarion region due to ovarian disease. Such diagnosis is, of course, worse than useless; it misleads the patient. If an examination is made, and in place of using a table, the physician attempts it with the patient in bed, he does not give himself a fair show. Only a gynecologist of experience can hope to make a diagnosis this way, and even then the lesion must be a fairly clear one. As a matter of fact, the gynecologist who is called in consultation takes pains to have a table and neglects nothing which may help him to a correct diagnosis.

Every good text-book explains the methods of examination; but the trouble is that the methods are not adopted as they should be. Gynecological diagnosis includes not alone an exact knowledge of the local condition of the patient, but also an appreciation of how much that local condition has to do with the state of the patient's health.

It means an inquiry into the home affairs, her work, the habits of living, her sleep, and particularly the regularity of bowel action.

Also it should be borne in mind that a form of lesion which markedly affects the health of one patient, causes no apparent disturbance when found in another individual. Lacerations of the cervix are cases in point and should be judged specifically. Some require to be repaired to make the patient well, while others do not. So also with malpositions of the uterus. Enlarged ovaries may be physiological and found of normal size after the succeeding menstruation.

The gynecological diagnosis of these cases is not alone the discovery of some departure from normal, but whether it is the source of the patient's ill-health.

The appreciation of all that goes to make a proper diagnosis can only be obtained by giving much time to gynecological examinations. The best places for this are naturally in the large clinics and under instruction.

If a physician has not had sufficient instruction at his school (and it is rarely that he gets much) he should take a post-graduate course, not in operative technic as so many seem inclined to do, but in diagnosis.

No one should think of operating until he is able to make a proper diagnosis of his cases. It is the knowledge he has gained by years of out-patient work in treating patients and the understanding of women as patients which makes the gynecologist conservative in his operative work; and it is the lack of this knowledge which makes the general surgeon radical in recommending operations, and has thrown a shadow on gynecology.

The general practitioner is beginning to see the result of ill-considered operations and to estimate properly the value of gynecological diagnosis.

419 Boylston Street.

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[Written for the MEDICAL BRIEF.]

Epidemic Pneumonia.

BY C. E. TUCKER, M. D.,
Joppa, Ill.

In a recent issue of the MEDICAL BRIEF, I notice an article on pneumonia, signed "Practitioner," in which the writer seems to doubt the bacteriological origin of pneumonia.

In order to aid the brother in arriving at a correct conclusion in regard to the etiology of this disease, I will give a brief history of a little endemic that recently came under my observation.

During the month of January, pneumonia broke out in the family of colored people, consisting of a father, mother, and six children. The family were living in a one-room log-house, with a small side room attached, in which they did the cooking. The main or log-room was used as living and sleeping quarters; the floor and sides were open, and the loft partly gone, a dirty carpet covered the floor, and, taking it altogether, the sanitary condition was about the worst that I have ever encountered.

The first victim of the disease was a sickly-looking girl about seventeen years old. She had a severe attack of lobar pneumonia, in the lower lobe of the right lung, and died on the ninth day from heart and respiratory failure. During her illness the mother waited upon her faithfully, thereby becoming worn out and physically depressed. A few days after the girl died she was stricken with the dread disease, the right lower lobe being affected. She also died from heart failure during the crisis. During the mother's illness the other children of the family, with one exception, had contracted severe colds, and four of them, one girl and three boys, ranging in age from three to thirteen years, were stricken within a period of forty-eight hours of each other. In at least two of these the disease was in the right lung; in the remaining two it was difficult to define the exact limits of the pathological lesion in the lung. In every case the disease ran a severe and prolonged course, lasting for ten days or longer.

At the time the last four were attacked, the house was made more comfortable, and the sanitary condition improved, and nourishing food provided. This, with suitable treatment and close attention saved the last four cases, or else they had more constitutional resistance than the two that died.

This history shows a mortality of thirty-three and one-third per cent, which is a very good result, considering the very unfavorable condition of the family, and the severe nature of epidemic pneumonia. My experience with these and other cases warrants me in the conclusion that pneumonia is a contagious disease, under certain circumstances.

Enclosed find $1.00 for the MEDICAL BRIEF. I can not do without it. It gets right down to facts in a way that a busy physician is sure to appreciate.—N. B. HOUSER, M. D., Helena, Ark.

[Written for the MEDICAL BRIEF.]

A Common-Sense Doctor.

BY H. T. PAHL, M. D.,
Brenham, Texas.

I have discarded all medical journals at present, because they are usually loaded to the muzzle with theories, giving place entirely to the BRIEF, because it contains gems of practical benefit, while the others, as a rule, are afflicted with a diarrhea of words, and a constipation of practical ideas.

I am with you, and entirely endorse what you say from time to time about diphtheritic antitoxin, *et al.* It is one of fashion's foibles, and for some doctors to be out of the fashion, as relates to medical fads, they consider they might as well be out of the world.

I am for curing my patients by the most common-sense route, using those agencies that experience and observation have taught me are the surest to bring about good results.

Enclosed find one dollar for the MEDICAL BRIEF for 1904. I want the MEDICAL BRIEF as long as I live.—C. W. UNGER, M. D., Los Angeles, Cal.

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BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Malarial Hematuria.—I begin by giving the fl. ex. of populus mon. in teaspoonful doses, repeated every hour until a half-fluid-ounce is given, then I place the dose at two hours. I give attention to the ailmentary canal by giving the following:

℞ Colocynth Comp. Ex.....15 grains.
Podophyllum ..... 2 grains.
Ex. Cascara Sag..... 7 grains.

M. Ft. in cap., No. 5. Sig.: One every two hours.

Let the bowels move well. I sometimes combine fl. ex. cascara sag. and chionanthus each ten m. with first three doses of the populus mon.

For the pain and restlessness incident to this pathologic condition, I prescribe as follows:

℞ Passiflora Incarnata ..... 5 drachms.
Tr. Gelsemium .....35 minims.
Glycerine, q. s. ad..... 1 ounce.

M. Sig.: A teaspoonful every two or three hours if needed.

The populus mon. which I prescribe is a fluid extract prepared for my prescriptions by my local druggist, who has spent a long time in producing a reliable product for me. I use it in many troubles of malarial origin. It has many valuable therapeutic powers.—W. M. Alter, M. D., England, Ark.

[Written for the MEDICAL BRIEF.]

Stomach Trouble.—If I have ever used any combination of drugs that approached on towards what our ideal of a specific is, it is bismuth sub. nit. and lactated pepsin for children suffering with an irritated condition of the stomach. When I find a patient suffering with this disease, I first give from two to five grains of hydrargyrum cum creta, and six hours after, a dose of oleum ricini. After that cleanses out the bowels, I prescribe for a child two years old:

℞ Pepsin Lact ..... 1 drachm.
Bismuth Subnit.....40 grains.

M. Divide into chart No. 12. Sig.: Give one dissolved in water after each movement of the bowels until they are checked, which is usually very soon.

—A. L. R. Avant, M. D., 127 Liberty St., W., Savannah, Ga.

[Written for the MEDICAL BRIEF.]

Cholera Morbus.—Arsenite of copper in one one-hundredth-grain doses, every two to three hours, is a most excellent remedy for cholera-morbus, dysentery, and abdominal cramps.—C. N. Bishoff, M. D., Eudora, Kansas.

[Written for the MEDICAL BRIEF.]

Piles.—I have used the following remedy for piles ever since I commenced the practice of medicine. It gives prompt relief in every case, especially an acute attack:

℞ Fl. Ext. Cranesbill (geranium mac.) ..... 4 drachms.
Alum .....10 grains.
Morphia Sul ..... 2 grains.
Cocaine Mur ..... 2 grains.
Vaseline ..... 1 ounce.

Mix thoroughly. Sig.: Apply externally and internally three times a day.

I ask the medical profession to give this a trial. Many years' experience with it is sufficient to prove its merits.—J. D. Blake, M. D., Route No. 3, Carlisle, Iowa.

[Written for the MEDICAL BRIEF.]

Epistaxis and Post-Partum Hemorrhage.—When human life is in the balance and we believe a few minutes delay will place the patient beyond our reach, minutes seem hours and seconds seem minutes.

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In addition to the remedies in common use for epistaxis or post-partum hemorrhage (that is, the local styptics, ergot internally, placing patient in position for the influx of gravity, etc.) my practice is to cord the extremities, checking the return blood flow.

This will "hold the flood away from the broken dam." I have yet to fail to get immediate results. The cords can be applied before medicine can take effect. —Herbert E. Brown, M. D., Goldthwaite, Texas.

[Written for the MEDICAL BRIEF.]

Rhus Poisoning.—In rhus poisoning, powdered ipecac has given me better results, and I have succeeded in curing more cases with it than with any other remedy.

One drachm of powdered ipecac in a pint of water, shaken thoroughly, and applied three or four times a day, will effect a cure in the majority of cases.—B. D. Bronson, M. D., Bamberg, S. C.

[Written for the MEDICAL BRIEF.]

Colds.—For coughs, colds and la grippe, I have used the following prescription, which was conceived and formulated by myself:

℞	Carb. Ammonia	1 grain.
	Camphor Gum	½ grain.
	Ext. Belladonna	¼ grain.
	Sulph. Morphia	1-20 grain.
	Ipecac (powd.)	⅛ grain.

I have treated twenty cases of pneumonia successfully in the last eighteen months with this preparation combined with teaspoonful doses of respiton. This treatment will abort most all cases of this nature. I find it almost a specific. In medical circles, this winter, a great deal has been said about the unsuccessful and unsatisfactory treatment of these diseases, but I can now go to these cases feeling that my armamentarium has been materially improved. Doctors, get these tablets and give them as your judgment leads you.

Take your cactina pillets and antiphlogistine with you. Watch your cases and see how you get along next time.—O. A. Collins, M. D., Mohawk, Ind.

[Written for the MEDICAL BRIEF.]

Uterine Inflammation.—In a case of uterine inflammation, following podalic version, where the patient was much reduced from loss of blood and temperature ranging from 104° to 106° for two days, libradol freely applied did all that the patient's friends as well as attending physician could ask. Pain and soreness were constantly complained of, and patient was delirious. Indicated internal treatment was given, hot intra-uterine injections of boric acid were used, dry heat was applied externally, but patient continued to grow worse.

Injections and local heat applications were stopped and libradol applied from pubes to navel. In ten hours all pain was gone, much of the soreness had disappeared, and temperature reduced from 106° to 102° F. Treatment was continued for two days, when temperature reached normal, and patient made an uneventful recovery.—P. F. Bullington, M. D., Oroville, California.

[Written for the MEDICAL BRIEF.]

Ear Ache.—This is almost always a symptom of acute inflammation of the middle ear, although sometimes the trouble is confined to the ear canal, taking the form either of a diffuse otitis externa or furunculosis of the ear canal. The common remedy for this trouble, both by the laity and the general profession, is sweet oil and laudanum. All oily preparations, however, should be excluded from the therapeutics of the external ear canal on account of the rapidity with which they become rancid and thus propagate the numerous forms of fungi which are prone to invade this locality. An exception, however, may be made in favor of aniline oil, a coal tar product. This is very readily absorbed, and carries with it, through the intact epidermis, other substances which are soluble in it. A few drops of a solution of cocaine in aniline oil, fifteen grains to the ounce, will relieve many stubborn cases of ear ache. Care must be exercised, however, to use the remedy in small doses, not too often repeated, in order to avoid the depressing constitutional effects of aniline, These are some-

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what similar to those of a large dose of acetanilid. This remedy only relieves the pain. The underlying disease must be treated on its merits.—S. E. Cook, M. D., 1215 O Street, Lincoln, Neb.

[Written for the MEDICAL BRIEF.]

Premature and Delicate Infants.—Infants weighing under four pounds, length less than nineteen inches, should not be handled or bathed. Grease thoroughly with warm olive oil, wrap in cotton. Change cotton around buttocks when soiled. Wrap in blanket, place in a clothes basket on a pillow surrounded with hot water bottles. Keep the temperature 80° F. Turn infant once in twelve hours. Pass the milk into the stomach through a No. 16 American catheter, to which a glass funnel is attached. Care should be taken not to pass the catheter into trachea. Allow the gases to escape before pouring in the milk. When removing the tube, pinch to prevent milk trickling into the trachea.—Constance V. Curtis, Phoenixville, Pa., Superintendent Phoenixville, Pa., Hospital.

[Written for the MEDICAL BRIEF.]

Cerebro-Spinal Meningitis (Called Spotted Fever).—I have attended allopathic and homeopathic colleges in New York City; have practiced medicine for forty-four years, and find out every day how little I know about therapeutics. There is a law of gravitation; there must be a law or dynamic power in the drug kingdom; drugs must typify disease to have a curative effect. Aconite has the same effect on the arterial circulation with me it had forty years ago. Belladonna has the same effect on the venous circulation and circular fibers.

Nature is always trying to restore itself; let us learn to assist her by opening the four avenues of the body and help cleanse the system of dead cells and build up new ones.

In 1864 we had an epidemic of cerebro-spinal meningitis, that was very fatal. I treated fifty cases with three deaths. I gave belladonna in the first stage, rhus tox in the second stage and arsenicum in the third stage, and saved every case I saw in time. This was in Wayne County, Iowa.

In Brooklyn, N. Y., in 1873, I treated several cases and used the same treatment and was blessed with success. Let us think and learn facts.—W. H. Duden, M. D., Allerton, Iowa.

[Written for the MEDICAL BRIEF.]

Quinsy.—For years the treatment of suppurative tonsillitis was so unsatisfactory to me, and my present plan so satisfactory (about nine-tenths of the cases aborted if taken in the first twenty-four hours) that I offer it to others. After a brisk saline, give:

℞ Tr. Aconite ..... 1 drop.
Pot. Chlor ..... 3 grains.
Listerine .....10 drops.
Aqua Pur. q. s. ad..... 1 drachm.

M. Sig.: One dose, for robust ten-year-old, six times first hour, four times second hour, three times third hour, twice fourth hour, then every hour for six to eight hours or more, without further dilution.

Nurse should watch pulse. I also give biniodide of mercury, one-twelfth grain every four hours for four or five doses.—J. C. Fretz, M. D., Deedsville, Ind.

[Written for the MEDICAL BRIEF.]

Metrorrhagic Conditions in Adult Women.—You will find this condition most strikingly developed in women who have borne several children or perhaps aborted several times.

On examination you will find the patient anemic, nervous, has a weak heart, no appetite, and on special examination you find subinvolution, flabby, relaxed and highly congested womb. The os gaping, tender and sensitive to touch, bathed in pus and mucus. When the sound is introduced it gives great pain and hemorrhage will follow its withdrawal. What must we do? Give the patient a good general tonic, containing strychnine; also the following:

℞ Secale Cornutum, Fld. Ext. ½ ounce.
Fl. Ex. Viburnum Prunifolium ..... 3 drachms.
Aromatic Sulph. Acid.... 1½ drachms.
Oil Cinnamon .....15 drops.
Syrup Orange, q. s. ft.... 2 ounces.

M. Sig.: A teaspoonful from one to three hours.

Locally, use speculum, syringe parts freely and use packer and fill uterine cavity with iodoform gauze, saturated

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with comp. tinct. iodine, which withdraw next day. Have patient rest, treat once a week. Patient will surely get better. —Z. T. Funk, M. D., Corydon, Ind.

[Written for the MEDICAL BRIEF.]

Diabetes Mellitus.—An infusion of two drachms of eucalyptus globulus leaves to eight ounces of water, given while hot, three or four times daily, has given the writer better results in diabetes mellitus than any other drug. It creates a sensation of warmth in the stomach, gives tone to the mucous membrane of that organ and the urinary passages, and has the power of influencing the amount of sugar in the diabetic urine. Its antiseptic and curative properties are best illustrated in cases where the appropriation of sugar is prevented by cold, nervous exhaustion or over indulgence of food or drink.—Henry G. Gabel, M. D., Aurora, Ill.

[Written for the MEDICAL BRIEF.]

Painful Menstruation.—Brethren, have you ever tried sodium bromide and valerianate of ammonia for painful menstruation? If not, I earnestly call your attention to the above remedy. When you have cases of this kind, tell them to take, on the first appearance of the menses, two tablespoonfuls of sulphate of magnesia at once, and make your prescription to contain sodium bromide twenty-five grains and elix. val. ammonia one tablespoonful for each dose. Give this dose in a half glass of water every hour till easy. Keep bowels moving well. This prescription in my hands has always done the work. Try it, please.—L. Shelby Greene, M. D., Elma, Miss.

[Written for the MEDICAL BRIEF.]

Sympathetic Diseases.—In BRIEF, September, 1903, Dr. Pendergraft asked for assistance in a case of leucorrhea. Tell him to learn to look behind the door for some hidden cause.

I was once treating a case, and after working on it for some two months had made no impression on the case. Patient was getting no better right straight along.

One day, she remarked that she was getting rid of a great many "pin-worms" (ascarides).

As I had despaired of ever getting the best of the leucorrhea, I thought that I would try my hand on pin-worms. I made a strong aq. sol. of aloes—filled her rectum, and held it there some time. Next day repeated the operation.

Result—Good-bye ascarides, and leucorrhea somewhat relieved. She went right on getting better, and in a few days she was perfectly well.—Esteban Hammond, M. D., Noria, Sinaloa, Mexico.

[Written for the MEDICAL BRIEF.]

A New Head Bandage.—A simple retaining bandage for dressings about the angles of the jaw and adjacent neck region may be made from a yard length of a three- or four-inch width roller. The bandage is applied by laying it against the dressing in place. The ends are to

be drawn up upon each side of the patient's head. A two-tailed end is to be made from each by tearing down the middle until the level of the lobe of the ear is reached. The four tails are then to be drawn taut, (figure) crossed and tied over the vertex,—Frederick Griffith, M. D., 49 East Sixty-fourth Street, New York.

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[Written for the MEDICAL BRIEF.]

Tuberculosis.—I regard icthyol as one of the most potent remedies in the treatment of tuberculosis. It may be given in capsules after meals, or in a watery solution, beginning with five minims, and rapidly increasing the dose up to forty or even sixty minims. I prefer to give it in a goblet full of hot water one hour before meals. The disagreeable odor of the icthyol may be disguised by adding to each ounce ten minims each of the oil of bergamot and the oil of eucalyptus. The effect of the icthyol on tissue metabolism is sometimes marvelous, the patient gains flesh and strength with amazing rapidity, while there is a marked decrease of cough, and lessened amount of expectoration.—Seale Harris, M. D., Union Springs, Ala.

[Written for the MEDICAL BRIEF.]

Priapism.—Night attacks of priapism may be relieved by lying on either side, drawing the thighs up to forty-five degrees, and if on the left side, use the thick palm of the right hand on the member, the right thigh over it, which produces collapse directly. If on the right side, use the other hand and thigh. The patient can then urinate and seek the embrace of morpheus. For interval treatment, the patient should lie on either side all the time while sleeping, thus reducing erections to the minimum. It is just the thing for widowers who imagining virile power has returned, make themselves ridiculous. Pressure of urine on the hypersensitive base of the bladder in middle and old age causes the trouble, and the position indicated affords relief. —B. F. Hart, M. D., Seattle, Wash.

[Written for the MEDICAL BRIEF.]

Labor.—Doubtless every physician who has had much obstetrical work has had cases where the pains seemed too short, irregular, spasmodic and maybe they were hard and long, and yet apparently accomplished nothing. The os may have been fully dilated and you saw no reason why labor should not soon be over, but seconds passed to minutes and minutes to hours, yet no baby came. Both your patient and patience were exhausted. Finally you resorted to forceps for relief. In such cases as this, I have found the following prescription works like a charm:

℞ Tr. Caulophyllum .....5 drops.
Tr. Gelsemium .....5 drops.
Aquæ Pur .....4 ounces.

M. Sig.: One teaspoonful every fifteen minutes until you get desired results.

If the os is rigid, give chloral hydrate ten grains, and continue the above.—W. J. Hemphill, M. D., North Loup, Neb.

[Written for the MEDICAL BRIEF.]

Sore Eyes.—For anything under this classification from ophthalmia neonatorum to an ulcerated cornea, write:

℞ Lloyd's White Hydrastis....10 drops.
Aquæ Pur. q. s.....4 ounces.

M. Sig.: One or two drops in the eye three or four times a day after cleansing with a mild salt water solution.

If there is a conjunctivitis with it, write:

℞ Sp. Rhus Tox.....4 or 5 drops.
Aquæ Pur. q. s.....4 ounces.

M. Sig.: Give one teaspoonful every one to three hours until well.

I have found nothing better for purulent and ulcerated conditions.—G. W. Harvey, M. D., San Jose, California.

[Written for the MEDICAL BRIEF.]

Eczema.—Perhaps many of the fraternity are satisfied with their treatment of eczema, but not all. To those who are looking for something better, something which has not failed me in over a quarter of a century, I would recommend with much confidence of success that they use the following:

C. P. Oxide of Zinc.....20 grains.
Ammoniated Mercury .....10 grains.

These to be thoroughly mixed with a rounded up teaspoonful of fresh lard—no salt in the lard. This ointment to be applied to the eruption every four to twenty-four hours—every four hours till better, then lengthen time. If parts are covered with crusts, remove them with glycerine. Use no soap or water on these inflamed patches.—L. W. Hendershott, M. D., Mill Shoals, Ill.

[Written for the MEDICAL BRIEF.]

Hay Fever and Catarrh.—These diseases should not flourish as they have in the past. As a local treatment, I use

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chlorotone inhalant in an oil atomizer. Use frequently in the beginning until relieved, then as needed thereafter.

If not entirely effective, adrenalin chloride in solution will control the intense sensitiveness and lachrymation. I have controlled this in most cases with the chlorotone alone.

It goes without saying, that in most cases a line of tonic treatment is needed to help build up the debilitated system. For this purpose nothing is better than chionia.—A. E. Hewitt, M. D., Altamont, Kansas.

[Written for the MEDICAL BRIEF.]

Croup.—Several years ago, Dr. Bebee recommended in the treatment of membranous croup, calc. iodide in one to two-grain doses. In the locality in which I then practiced, quite a number of children were subject to croup. Securing an ounce of iodide calc., I commenced to test it. It proved satisfactory. This winter in this locality several cases terminated fatally.

Being called, one night, to a case of obstetrics, I found on arriving an alarming case of croup. Not having calc. iodide on hand, I returned to my office and prepared the following:

℞ Tinc. Iodine ..... 1 drachm.
Iodide Pot ..... 20 grains.
Lime Water ..... 4 ounces.
Saccharin ..... 1 grain.

M. Sig.: One-half to one teaspoonful every twenty to thirty minutes.

Six or seven doses brought relief; the action of the remedy was surprising. Since then I have continued to use it with satisfactory results.—G. W. Homsher, M. D., Camden, Ohio.

[Written for the MEDICAL BRIEF.]

Cystitis.—Cystitis, to say the least, is very annoying.

℞ Tr. Opii Deod ..... 2 drachms.
Sod. Bicarb ..... 2 drachms.
Sanmetto ..... 1 ounce.
Elix. Cascara Sagrada q. s. ft. 3 ounces.

M. Sig.: Teaspoonful every one, two or three hours in one-third glass of water.

Patient to resume recumbent posture.

The opium always allays the spasmodic action of bladder which is the "sine qua non." Sod. bicarb. is slightly diuretic and soothing, as also is the sanmetto. The cascara sagrada counteracts the constipating effect of the opium.

In cases of long standing, where mucus and pus are present in addition to the above, inject into the bladder, through a small catheter, four ounces of warm water, previously boiled. Retain fifteen or twenty minutes; repeat twice daily, increasing amount of water each day one ounce.

Patients soon express a feeling of great comfort, and are usually cured.

The walls of the bladder may have become thickened. The hydrostatic pressure dilates until the viscus can comfortably retain one pint.—R. B. Hopkins, M. D., Milton, Del.

[Written for the MEDICAL BRIEF.]

Infantile Convulsions.—I have seen it stated lately that the hot water bath for infantile convulsions was worse than useless. The probability is that the bath was too hot. The water should never be above 100° F. For babies with high temperatures, say 103° to 106° F., water is the remedy. Let me cite a case—Baby L., three weeks old, had convulsions; at the third one, temperature 106°; was placed in bath and in ten minutes temperature was down to 104°; placed in bath one hour, which brought temperature down to 102°; when temperature got above this, baby was placed in bath. After a few times it would go to sleep in bath. Do not use water too hot—you want to cool surface without shock.—J. R. Jones, M. D., Fertile, Iowa.

[Written for the MEDICAL BRIEF.]

Appendicitis.—Appendicitis may be successfully treated as follows: Cold to McBurney's point till relief of fever and pain. Replace with antiphlogistine thickly spread and applied hot. Administer rectal enemas, incorporated with emulsion of asafetida every two or three hours. Give salines per orem till bowel contents have been removed. Withhold opiates. At beginning of attacks, especially in children, this method has never failed in writer's hands. Cold is vastly superior to other applications, but achieves the greatest measure of good only when pushed to the subsidence of iliac pain and fever.—R. B. McCall, M. D., Hamersville, Ohio.

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[Written for the MEDICAL BRIEF.]

Corn Cure.—The following combination does the work. I have used it in my practice for five years with excellent results:

℞ Salicylic Acid .....1 ounce.
Solid Ex. Cannabis Indica...2 drachms.
Collodion .....8 ounces.
Castor Oil .....2 drachms.

M. Sig.: Apply on corn for four nights and mornings, then soak foot in hot water and the corn is easily removed.

—A. C. Miller, M. D., Covington, Ohio.

[Written for the MEDICAL BRIEF.]

Chronic Constipation.—The following simple formula for the relief of constipation will give the most gratifying results:

℞ Aloin ..... 6 grains.
Podophyllin ..... 6 grains.
Exodin (Schering) .....36 grains.

Make into twelve pills. Label: Take two pills on retiring.

This combination is unique in its reliability, pleasantness and harmlessness. The pill being small and not objectionable to the most fastidious patient, is well borne, never causing griping, nausea, eructation, diarrhea or any other undesirable effects. Defecation occurs after eight to ten hours without unpleasant sensation or reaction, the stools being solid or mushy, watery discharges are hardly ever observed. This pill is of great utility in the treatment of constipation in old people.—W. H. Moss, M. D., Charlotte, N. C.

[Written for the MEDICAL BRIEF.]

Labor.—For rigid os uteri and rigidity of vaginal walls and perineum during labor, where this condition proves a decided impediment to the progress of labor, if the spec. gelsemium be given in from three to five-drop doses every fifteen minutes, and vaginal douches of hot water in amount not less than twelve quarts be employed, the hot water to be allowed to play freely over entire vaginal walls, the results will be gratifying.—J. S. Niederkorn, M. D., Versailles, Ohio.

[Written for the MEDICAL BRIEF.]

Collinsonia.—This is one of the most valuable agents in the materia medica. It has special action upon all mucous membranes as well as being a general tonic. It has special influence upon the mucous membrane of the throat, kidneys and rectum. It is also a very valuable remedy in digestive processes and will improve the body, facilitate digestion and transform the weak and feeble organs into a good working condition. As much of this remedy passes off through the kidneys, it exerts a toning influence upon the entire urinary tract. In chronic cases demanding general restoring remedy, this agent should never be forgotten. I usually give it in glycerine and water, one-third each; a teaspoonful four times a day. I use a good tincture.—O. A. Palmer, M. D., 773 Republic Street, Cleveland, Ohio.

[Written for the MEDICAL BRIEF.]

Cholera Morbus and Summer Complaint.—

℞ Lloyd's Specific Echinacea...4 drachms.
Ipecac .....2 drops.
Aquæ Puræ .....2 ounces.

M. Sig.: Dose adult, one-half to one teaspoonful every quarter to two hours, as the severity of the case demands.

This should be alternated with:

℞ Homeopathic Colocynth, 2d...20 drops.
Veratrum Album, 2d.....20 drops.
Aquæ Puræ ..... 2 ounces.

M. Sig.: Dose adults, one-half to one teaspoonful every quarter to two hours as the severity of the case demands.

As the symptoms subside, give less and at longer intervals, until condition is corrected.—F. J. Petersen, M. D., Los Olivos, California.

[Written for the MEDICAL BRIEF.]

Appendicitis.—Appendicitis has three cardinal symptoms, viz.: pain, nausea, with or without vomiting, and temperature with rigidity of muscles over right lower quadrant. Symptoms occurring in order named. Pain may at first be diffused, but invariably locates to right and below umbilicus.

To be differentiated from hepatic and renal colic, acute gastritis with perforation, acute enteritis, typhoid fever with perforation, in female ectopic gestation occurring as named.

Treatment.—Operate invariably, first twenty-four hours. Otherwise, keep everything out of the stomach. Give predigested food in normal salt solution by bowels "enteroclysis." This allows nature a chance to wall off the diseased appendix by quieting peristalsis. Try and be convinced.—M. Smith, M. D., Sulphur Springs, Texas.

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[Written for the MEDICAL BRIEF.]

Rheumatism.—Statistics would doubtless prove that rheumatism is steadily increasing. The causes, to my mind, are as follows: (1) A change in diet due to improved mechanical devices, preparing and rendering food stuffs more refined and palatable. Sugar and flour being examples—brown sugar agreeing with rheumatics better than white—whilst in finely bolted flour I believe we have a potent cause of rheumatism. This, with the American habit of eating quickly, bolting food causing indigestion and its sequel, and (2) Habits in business life, confinement to offices, stores and other businesses imposing sedentary life (such vocations are largely on the increase), excessively heated apartments by a wider use of stoves, is defunctionating the organs of excretion.—E. M. Sneed, M. D., Stafford, Va.

[Written for the MEDICAL BRIEF.]

Erysipelas.—No agent, in my experience, has proven so valuable in the treatment of erysipelas as leptandrin. Its pronounced therapeutic influence upon the liver may account for its efficiency. Care should be exercised to procure a good, fresh article. Many preparations on the market are inert. Give in one to two-grain doses each four hours until the characteristic dark fecal discharges appear. Increase or diminish the dose as required to maintain free action of the bowels. Under the above plan of treatment, the disease rapidly disappears. But little, if any, local treatment is required.— W. A. Spurgeon, M. D., Muncie, Ind.

[Written for the MEDICAL BRIEF.]

Croup.—In a work published in 1841, I find the following: "In the long list of human diseases, there is none which present a more painful scene of anguish and distress, or which excites more poignant feelings of sympathy in the heart of the physician, than the one now under consideration. Death in any form, has its terrors, but to the innocent child, it is most terrible to the physician." The above was said years ago, before the advent of the dark iodide of lime. With its advent we have a positive specific for croup, and no physician, who has any regard for the lives of the babies who are placed in his keeping, will ever be without this remedy. A writer in Kansas, through the columns of the BRIEF, first called my attention to the drug.—A. L. Stiers, M. D., Lorton, Neb.

[Written for the MEDICAL BRIEF.]

Bronchitis.—In acute bronchitis in children, I have found that iodide calcium is a remedy par excellence, as it also is in nearly all diseases of the respiratory organs.

When called to a case of acute bronchitis, I prescribe iodide calcium, one-third to one-half grain every half hour, till six or eight doses have been taken, then the same dose every hour. Associated with the calcium, I use aconite as a sedative and also envelope the thorax with cotton after anointing the chest with lard. Improvement will be manifest in a short time.—O. L. Thompson, M. D., Buckley, Ill.

[Written for the MEDICAL BRIEF.]

Surgery.—Having been called upon to lance an abscess of labia or uterus, I found the cause to be a glass ball pessary, two and a half inches in diameter, in the vagina, which had been there seventeen years. It had set up adhesive inflammation sufficient to cause the growth of a membrane extending from the posterior wall of the vagina to within a half inch of urethra, adherent to both labia. It was very tough and hard to rupture, which I did by working the end of index finger into the small opening and tearing it. I removed the pessary, which stopped further trouble. The woman was a widow fifty years old.—J. D. Thrasher, M. D., Trout, W. Va.

[Written for the MEDICAL BRIEF.]

Ectopic Gestation.—An interesting case of ectopic gestation was recently brought under my notice, which was operated upon at the time and a four months' fetus was delivered by laparotomy, the tube having ruptured and allowed the escape of it into the abdominal cavity. She made a good recovery from the opera-

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tion. Left tube and ovary were removed.

I saw this patient recently and she was pregnant and very near term. The question is, was she impregnated at the same time in both cases, one of the spermatozoa failing to descend after becoming fertilized, or was each a separate pregnation?—E. L. Ward, M. D., Starrucca, Pa.

[Written for the MEDICAL BRIEF.]

Bleeding Cancer.—I have found powdered bloodroot so efficient in stopping hemorrhage from cancer, that I now resort to it almost exclusively. Whether the bleeding is minute or profuse, it stops it almost instantly. It seems to both clot and unite with the fibrin factors of the blood, at the same time becoming tenacious and adherent. I have used it only for troublesome, or accidental hemorrhage of cancerous growths, because Billroth's solution of alum and lead acetate has given me a dressing for minor bleeding wounds, of such satisfaction, that I do not care to try others.—T. H. Wood, M. D., Beardstown, Ill.

[Written for the MEDICAL BRIEF.]

The Care of Children During the Second Period of Dentition.

BY ALEXANDER HADDEN, M. D.,
New York City.

This period of life denoted as that of second dentition has been passed over by most of our authors on diseases of childhood as not worthy of mention, nevertheless it is well known and can be well shown to be one of the most critical periods in the course of human development. It is true that period of infancy shows a much higher death rate, but that may be accredited largely to neglect in the care and other factors which I shall not refer to here.

The first period of dentition commencing commonly at any time between the sixth and seventh month of infantile life, sometimes delayed until the ninth month, lasts until the twentieth or twenty-fourth.

The second period of dentition commence about the sixth year and lasts until the fourteenth or fifteenth year, when the child passes almost insensibly into manhood or womanhood. It is to that period of life to which I shall call special attention. It is the entering upon a new stage when the parental care is somewhat relaxing and the child is allowed to try its own discretion in matters where parental care has formerly been exercised. It is indeed wonderful how responsive is the mind of a child up to this time. It is during these years that memory plays an important part, and the child is gathering insensibly much knowledge and many facts from impressions on the five senses at least for future use. It is, in a word, the time of life for storing mental abstract impressions. The whole human makeup is rapidly growing. The brain and the nervous system have developed out of proportion to the other parts of the body and the special senses are becoming highly active. When this second period of dentition begins a state of affairs and conditions arise. The alimentation and the bodily exercise change, and also the bodily weaknesses. The teeth of infancy are dropping and larger and stronger ones are taking their place, with the addition of a few in number.

Is it at all strange that during this period of rapid growth and many changes that the lack of balance between the different organs of the body, and weakness in some should take place, and with the burdens imposed by the system of education and training and the invasion of diseases should not be well borne?

Among the ailments of this period are chorea, commencing between the seventh and fourteenth year, never developing after that time; anuresis, myopia, violent paroxysms of temper, inability to continue a train of thought for more than a short time, with great fatigue and distraction, morbid and capricious appetites, often becoming inordinately fond of meats, sugar and eggs with the exclusion of other articles of diet necessary to the building up of their economy. Added to this there is a morbid liking sometimes for things outside of food—such as clay, lime, slate pencils, etc.

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The child during this early period of life should have the care, not alone of his parents, but of discreet instructors, so as to obviate many of these diseases and to notice them early enough to warrant their proper attention. There may be diseases or habits of heritance. In the case of inherited habits and tendencies, many of these may be overcome by wise instruction early administered.

Chorea is caused by rapid growth, improper food, as well as unsanitary surroundings and perhaps from bad training during this period. An irritable disposition may be improved by relieving the child from over study, and the condition of the body improved. A change of air to the country, application of cold water to spine in the morning, and an iron tonic given as a medical agent, improvement in the sanitary surroundings, a relaxation of methods of work and exercise should by all means be attended to. The disabilities which have been inherited have been overcome in this way and attention given at this period of life will counteract many if not all of the disabilities referred to.

155 E. 51st Street.

[Written for the MEDICAL BRIEF.]

Quantitative Testing.

BY J. BARKER SMITH, L. R. C. P. (LOND.),
Author of "Quantitative Estimation of Urine.'
London, England.

(Continued from page 219).

"Centim" is used for cubic centimeter.

Cresylic and Carbolic Acids.—Just as the *"Carbohydrate Test"* is the best quantitive test for the estimation of sugar in urine, so is the same test solution, mentioned in the March number of the BRIEF, the best of tests for solutions of these acids.

Given that we are dealing with a solution of either cresylic or carbolic acids, then one centim of a weak solution with the test solution in the half-ounce phial affords the percentage of cresylic or carbolic acid in *forty seconds.* In a former article my readers noticed the powerful evolution of heat afforded by one centim of a one per cent solution of carbolic acid, viz.: *Twelve and a half degrees Fahrenheit.* Just think! that *one milligramme,* or *one-sixtieth part of a grain,* warms *six* centims of fluid more than one degree. So *cresylic acid* in rapidity of heat evolution, but not quite in quantity of heat evolved, compares with carbolic acid. One centim of a one per cent solution of carbolic acid in water gave twelve and a half degrees, whilst one centim of a one per cent cresylic acid gave ten degrees; a relation accounted for by their respective molecular weights.

There is no practical difference in the heat evolution of crystals of absolute phenol or carbolic acid and *detached* crystals of absolute phenol, but there is a difference sometimes, perhaps always, between a *colored ninety-five per cent* liquid carbolic acid, and a corresponding solution of absolute phenol or carbolic acid. I mean first of all in its heat evolution, and secondly as regards the sensory and other effects experienced by a patient using a one per cent solution as a gargle or mouth wash; both these methods of consideration suggest for the *colored carbolic acid,* cresylic acid. Now, this may be *a gain* to those who are versed in the respective merits of these two acids, cresylic and carbolic. For cresylic acid as a pure product is somewhat more expensive than pure carbolic acid, and whilst it is regarded as less poisonous, its aqueous solutions are, I think, more pungent. Take one centim of a one per cent solution of such *colored* ninety-five per cent *"carbolic acid,"* with the *"carbohydrate test."* From 55° F., the mercury runs up to 64½° F, in one minute, and remains at 64° F. two minutes; it has afforded us nine and a half degrees (9½° F.). Such, then, corresponds to ninety-five per cent *cresylic acid,* but only to seventy-six per cent *carbolic acid,* and the mucous membrane of the mouth suggests cresylic acid, and not carbolic acid.

With respect to solutions of carbolic acid in oil and glycerin, some remarks may be useful to my readers.

One centim of olive oil and the *carbohydrate test* afforded in one minute two degrees of temperature, and no further temperature during four minutes. A centim of approximately one per cent solution of carbolic acid in the oil gave eight de-

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grees the first minute, six more degrees during the next three minutes, and no further heat evolution.

One centim of two and a half per cent solution of *pure glycerin* in water afforded the first minute one and a half degree of temperature, three and a half degrees the second minute, and during each succeeding minute for three minutes, one and one-half degree, the reaction being over in about seven minutes. So that attention to the behavior of pure glycerin, with the carbohydrate test, will allow us by dilution with water, and by taking note of the rapidity of heat evolution in the oxidization of carbolic acid, cresylic, tannic, etc., to estimate such substances even in glycerin.

If we use the chlorinated soda solution, as in the ammonia-urea test, there is no reaction with the above glycerin solution, but the heat evolution for carbolic and cresylic acids will be very much less. Referring to my manuscript notes of some experiments made a few years ago, I have recorded one centim of one per cent carbolic acid in water as giving only one and a half degree, whilst cresylic acid in the same way gave two and a half degrees —*with the chlorinated solution.*

The dilution of the glycerin solutions of carbolic acid with water in the *carbohydrate test* examination will be necessary, because such glycerin solutions of carbolic acid are strong, and because, as we have seen, a gramme of glycerine itself would afford four hundred degrees of temperature, or about a third of the number given by carbolic acid, although the molecular weights of these two substances, glycerin and carbolic acid, are not very far removed.

(To be continued).

Send along the good old BRIEF, Doctor, as it is a good old friend in need. I take eleven journals. I appreciate the work done for us by the editors of your journal. I believe we nearly all do. I asked a doctor last week what journals he took. Reply, none. I do not want him in consultation.—GEO. E. GILPIN, M. D., Berkely Springs, W. Va.

[Written for the MEDICAL BRIEF.]

Hemoptysis.

BY S. J. ESSENSON, M. D.,
New York City.

The subject of hemoptysis is very often brought face to face with the general practitioner. Its etiology, its symptomatology and correct diagnosis are of greatest importance, while the text-books generally do not discuss them fully, and are usually referred to other chapters of the various diseases. It is my purpose, therefore, to discuss it as an independent subject, and describe its causes, symptoms, diagnosis and treatment according to my experience in about two hundred cases.

In fact, it is only a symptom of various morbid processes, and arise partly by rupture of vessels, partly by diapedesis taking place in the larynx, trachea, the large and small bronchi, or in the parenchyma itself of the lungs.

Hemorrhages, occurring in the smaller and terminal bronchi are most frequent, whilst less frequent are the hemorrhages of the larynx, trachea and larger bronchi, parenchymatous hemorrhages of the lungs is comparatively rare. In this case the hemorrhage is either confined and sharply outlined, causing displacement, but not destruction of the parenchyma as hemorrhagic infraction, or it is abundant and more diffused, causing destruction of the lung tissues with the formation of cavities as pulmonary apoplexy.

Etiology.—Bronchial hemorrhages are most frequently met with, and rarely have a traumatic origin. They are caused for the most part, by all those agents which engender hyperemia of the bronchial mucous membrane, either active or passive congestion. Hence, they not infrequently come on during severe attacks of acute bronchial catarrh with violent coughing, also during whooping cough, the acute exanthemata, acute pneumonia, etc.; they are also produced by irritating of the air passages, caused by the inhalation of irritating gases, by the effects of extreme degrees of heat and cold, by severe strains and bodily exertion, and especially by over-exertion of the respiratory organs by shouting, speaking and arguing.

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Furthermore, tuberculosis is the great important cause, as deposits of tubercles in the bronchial mucous membrane and parenchyma of the lungs is causing hemorrhages, and also disorders of circulation resulting from cardiac trouble. When vicarious menstruation or hemorrhoidal bleeding cause hemoptysis it can be explained as a bronchial hyperemia caused by reflex irration, but in such cases the chest should be carefully examined, because in such individuals the lungs and bronchi are seldom normal, because in many cases the primary elements of phthisis are the cause of the bleeding. Softness of the parenchyma of the lung tissues, due to chronic inflammatory conditions, flaccidity of the vessel walls, cavities, gangrene, abscess, cancer of the lungs, etc., aneurismal dilatation of the arteries and rupture by increased intravascular pressure, especially during severe attack of coughing, are of greater importance to be mentioned as causes of hemorrhages; but these can be ascertained more on *post-mortem* table. Scorbutes, hemnophilia, scarlatina, typhoid, typhus, etc., are often the etiological factors. Sometimes there is difficulty in finding the cause of sudden bronchial hemorrhage in otherwise healthy and robust individuals in whom previously, by the most thorough examination, had failed to find any disorder of the respiratory organs, and no phthisical history for generations. But slight, insignificant symptoms may have been overlooked by patient and relations.

Age and sex play no great significance. It happens more often in youthful and middle aged than in childhood and old persons.

2. *Hemorrhagic Infarction* is next the important cause of hemoptysis. It is usually due to an embolus, consequent to sudden obstruction of circulation. Since the branches of the pulmonary artery are terminal arteries, and since this the vascular territory belonging to each branch can not be supplied, or can be supplied only to a small amount by collateral circulation, the closure of a branch of the artery shuts the territory supplied by it, out of the circulation. The pressure in the part of the vessel lying peripherally to the plugging point becomes almost *nil.* As a result there is a backward current into the region from the capillaries in the vicinity, and it is an engorgement. The vessel walls become pervious, and lose normal consistency. In consequence fluid of the blood, the white, also the red cells penetrate through the vessels into surrounding tissues, and change into said hemorrhage infarction. This is the explanation of infarction according to Conheim's theory, but there are a good many other theories which all the text books on pathology mention. I wish only to say, while it is true that infarctions are met frequently in cases of mitral insufficiency and stenosis, but in many cases of pulmonary infarction, and with the named heart diseases, no original thrombus could be found, the hemorrhage could be explained only due to damaged vessel walls and fatty degeneration, in which rupture took place.

3. *Metastatic Abscesses.* — Another cause of hemorrhage, according to Virchow, their origin is from infectious thrombi in the venous circulation, as after operation purpural processes, etc. The staphylococci pyogenous aurus and their toxins are responsible for it.

4. *Pulmonary Apoplexy* is the least frequent of all causes. It causes great destruction of tissue by rupture of a large generally arterial vessel, more frequent by injury as gunshots, penetrating wounds, contusions and concussions of the thorax. Aneurisms adherent to the surface of the lungs, its rupture may cause extensive destruction of the lung tissues. But I may mention that an aneurism of the aorta which perforates a large bronchus may offer copious bleeding with fatal result, but no destruction of lung tissues, and, therefore, not to classify with pulmonary apoplexy.

Symptoms.—There is sometimes no other symptom present except a blood-streaked sputum or bloody expectorations due to a violent coughing after inhalation of irritating gases and severe bodily exertion, although they frequently alarm the patient, but are without danger, and not to consider under the head of hemoptysis. But considerable quantities of blood are often raised when the patient is apparently in perfect health, by walking or making some very moderate bodily

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exertion, without previous coughing, and no indication of troubles in respiratory organs whatever. Sometimes, however, the hemorrhage occurs during severe exertions, as dancing, by a fall, etc.; others again are those who had hemoptysis before, whose lungs are already the seat of anatomical lesions. We speak sometimes from a prodromal stage in hemoptysis in which there is a complaint for a long period before of congestion of the head, headache, dizziness, palpitation of the heart, feeling of oppression and sensations as if the breast would burst. Often there is an increase of frequency and tension of the pulse. The attack occurs with the senations of a warm fluid welling up from beneath the sternum into the throat, when by hawking the patient brings up several spoonfuls of almost pure blood, having a peculiar sweetish or salty taste. If the patient has not already coughed a desire to do so is now felt, and more blood is raised with foam mixed, and bright red, but toward the end of the attack, the blood is dark and coagulated. It is sometimes continued for hours or days, and the expectorated blood may amount to several pounds. The patient is generally excited, his pulse is frequent and tense, the face red and burning. It is curious but practically true, the blonde type of ladies have a more copious hemorrhage in comparison with the same trouble in brunettes. This has been confirmed to me by Prof. Wm. H. Thomson in a consultation of a tubercular patient. Now, if the hemorrhage becomes more copious the patient becomes weak, the face covered with sweat, the pulse small, thready, faintness, dimness of vision ringing in the ears sets in. Dark colored clot is raised by coughing, sometimes for several days after the attack. Should a vessel become occluded by a thrombus, which afterwards becomes detached, and is forced through the opening, there is to expect the copious hemorrhage should suddenly become arrested, and in a short time to come on as profusely as before. I wish to call attention to the fact that by examining the chest, there is usually in a majority of cases, no dullness on percussion, of course, where the hemorrhage has been moderate in quantity, because even there has been blood respired in the alveoli does not infiltrate the lobules to a great extent, and intermediate portions containing air remain. Advanced tuberculosis is an exception to the rule. Auscultation reveals coarse and fine mucus râles caused by blood in the bronchi. Dyspnea is present where there is an embolismal obstruction of a large bronchi or large branches of the pulmonary artery; it threatens sometimes suffocation with extreme cyanosis, small and thready pulse, cold extremities, etc., on account of non-aeration of the blood in the capillary area of the occluded vessel, but this is not the case when a small branch of the pulmonary artery is obstructed. Cases are met with pleurisy symptoms. There is a stitch in the side, and pleuritic friction sound, but where the infarctions are in the center of the lung, and do not extend to the periphery, the pleuritic symptoms are wanting. Fever is usually depending upon secondary pneumonic or pleuritic affections. There are, however, cases in which there is an elevation of temperature about 100° to 102° F. from the beginning. This agrees with the experimental researches of Virchow and others, that the rise of temperature is due to muscular action induced by dyspnea.

Whenever there is the complaint of chills, pains in the breast, raise of reddish-colored purulent or thin brown sputum, friction sounds on auscultation, and no abnormal respiratory sound, there is a strong suspicion of metastatic abscesses, but they can be mostly realized on the *post-mortem* table. In pulmonary apoplexy the blood sometimes pours out in streams from the mouth and nose. The patient becomes pale and cold, with a small and frequent pulse, and hurried respiration and death, preceded sometimes by convulsions, takes place either from loss of blood or suffocation, because the bronchi are filled up with blood. In the latter case death may be so sudden that little blood has been expectorated.

Diagnosis.—Whenever blood is raised by coughing the physician should, by careful examination, endeavor to find the source of bleeding. Sometimes it will reveal that the patient has been aroused from indifference and by close questioning, will acknowledge he coughed long be-

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fore, feels weak and lost weight and strength. Physical examination will show an old focus of disease which is a commencement of tuberculosis. Sometimes, however, it is not an uncommon occurrence the hemorrhage is coming from the nose, mouth, gums, etc. More important still is that to differentiate between hemoptysis and hemotomesis.

But when the thoracic organs are subjected to a rigid examination, and the local lesions thoroughly examined and inspected, as in nose and throat, doubt will be eliminated, and here is not the place to discuss the different points of diagnosis, as most of the text-books mention them. As a rule, always bear in mind to investigate the patient's constitution, if phthisical, hereditary predispositions, previous history of coughing, emaciation, night sweats, and above all a microsopical examination, or many examinations of sputum. To diagnose hemorrhagic infarction is first to seek for cardiac diseases, with consequent dilatation, pulmonary emphysema, thrombi in the peripheral veins of the body. As sudden high degree of dyspnea, bloody expectorations with mucus, a circumscribed solidification of the lung, and indication of pleurisy, a diagnosis of pulmonary infarctions can be made with certainty. Many cases of infarction wholly escape diagnosis during life as a small size, and situated in the interior of the lungs. Very large infarctions may be mistaken for a lobar pneumonia, especially occurring in patients with heart disease, on account of dyspnea, bloody sputum, bronchial respiration, dullness, etc. But in infarctions, however, the blood is more pure and fluid, not rusty, tenacious and adhesive; in infarction the blood continues for a long time, while pneumonic sputa retain this characteristic only a few days. Diagnosis of metastatic abscesses can only be made with certainty if a patient has been wounded, amputated a limb, or puerperal state, raising of thin limpid, red-colored sputa, with symptoms and signs of pleurisy.

Treatment.—During the attack the physician should avoid examination, and order the patient complete repose, all tight clothing removed. The room to be cool and airy, and all excitement forbidden. Morphine hypodermically with atropine at frequent intervals is most efficient in all cases. I have been using in many cases of obstinate bleeding ergotol, together with morphine and atropine in the same syringe, and inject hypodermically with best results.

In spite of the contraindications of ergot in hemoptysis as many text-books mention. Cold externally, as ice bags, wet compresses to the chest and swallowing bits of ice. I have been using with success in a few cases Dover's powder and antifibrin in one powder.

Gallic, with sulphuric acid dil. is sometimes very good, but most of the medicines given by the mouth are badly borne by the stomach, and excite vomiting and coughing. Ipec. never did give good results in my hands, the same with tr. ferri chloride by inhalation, ergot and hamamelis, etc. A popular remedy indeed of some efficiency is sodium chloride. It is said the salt acts as an irritant upon the gastric mucous membrane, producing through the sensory nerves of the stomach a reflex action upon the small pulmonary arteries, whereby the latter are contracted. When the attack is over the patient has to be examined thoroughly and treated in accordance with the different causes. In order to prevent sometime a pneumonia, or when pleurisy is already there, I used dry cups with good result, and regard it as the best counter-irritation we have.

161 Henry Street.

I can no longer do without the BRIEF, and do not see how I have managed to get along as I have. Fifteen years ago when I started out, the MEDICAL BRIEF was my right bower. There is no doubt in my mind that the BRIEF is the best cheap medical journal that is published. Please find enclosed one dollar for which enter my name on your list of subscribers. There it will stay as long as I practice medicine. Why, you know my wife thinks more of it, and reads the BRIEF more than I do; always picks it up as quickly as I lay it down.—Z. M. PRICE, M. D., Micanopy, Fla.

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[Written for the MEDICAL BRIEF.]

Special Topography of the Ureter and Tractus Vascularis.

BY BYRON ROBINSON, B. S., M. D.,
Chicago, Ill.

(Continued from page 504.)

VASA NUTRIENTIA PELVIS.

See Figures 23, (a).

The ureteral pelvis lies between the ventral and dorsal branches of the arteria renalis as in a bowl or as a clam in its shell. From the dorsal and ventral branches of the arteria renalis arise small arterial vessels which pass to the walls of the ureteral pelvis and calyces. The arteries nutrientes pelvis have no relation with the parenchyma and renal secretion and do not form coiled vessels as in Bowman's capsule or the renal glomerulus. The function of the arteria nutrientia pelvis is to nourish the ureteral pelvic and calicular wall. The arteria nutrientia pelvis ends at the junction of the fornix and papilla renalis. These vessels surround the proximal end of the calyces as with a circular vascular zone. To secure a view of the arteries nutrientes pelvis the paraffin or cellulodine should be colored red in the renal vessels while the paraffin in the ureter should be white. Also dilute acid should be used to corrode and gentle washing should be employed on the specimen to avoid trauma and consequent fracture of structures.

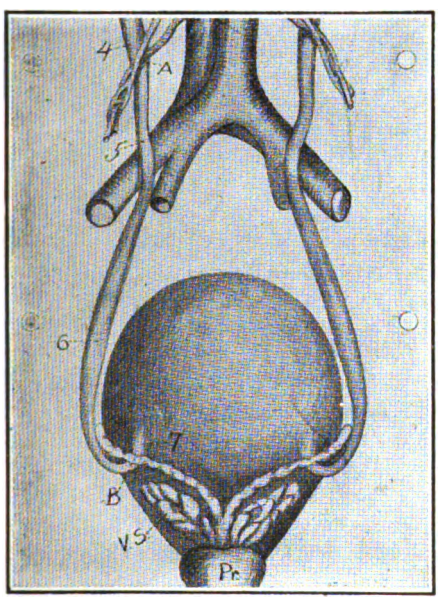

Fig. 26 (Byron Robinson). Topography of the renal vessels and ureter. The upper portion of the cut is from corroded paraffin specimen. The lower part of the cut is photographed from a bladder distended with air and dried. The lower portion of the cut presents the dorsal side, while the upper portion presents the ventral side. The whole specimen is from nature.

ARTERIA CAPSULARIS RENIS.

These arteries supply the capsule of the kidney. They may arise from various sources as from the arteria renalis or its primary branches, arteria supra-renalis phrenica, lumbar, ovarica (in one specimen, in both). In some subjects it arises from the arteria nutriens pelvis.

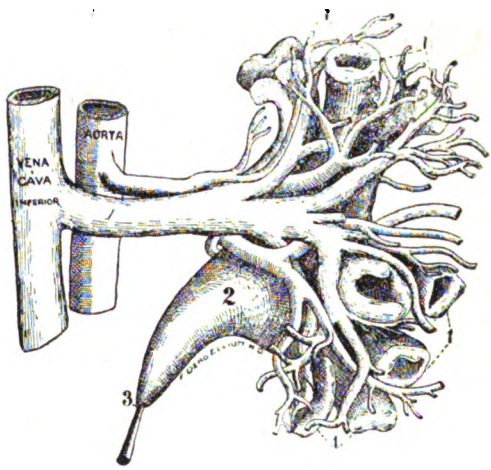

Fig. 27 (Byron Robinson). A life size paraffin cast of the ureteral calyces, (1) and ureteral pelvis (2) and proximal ureteral isthmus (3). The arteria et vena renalis are also shown on the ventral surface of the ureteral pelvis. The whole figure is from Corrosion Anatomy. An incision in Hyrtl's exsanguinated renal zone will fall dorsal to the longitudinal median line of the calicular periphery.

Corrosion and X-ray work show that the arteria capsularis renis arises from the arteria renalis, its primary branches are from the arteria ovarica. In renal decapulation or the Ferguson-Edebohl's operation this artery assumes importance.

The typical ureteral calyces consist of a double row, a dorsal and a ventral row. the junction of the dorsal and ventral vascular renal blades, Hyrtl's exsanguinated renal zone, is practically in line with the dorsal row of calyces. Hence the renal cortical incision should be executed

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in the line of the dorsal row of ureteral calyces. The calyces are too small to be explored by the finger, and therefore the ureteral pelvis could be opened between the dorsal and ventral rows of calyces. The segment of the kidney should be reunited accurately, coapted by absorbable or nonabsorbable sutures so that as few calyces as possible would be sacrificed by progressive cicatricial tissue.

(*c*) Topography of the Ureter and Arteria Ureterica Proximal. Ramus Ureteris or Arteria Ureterica Proximal.

The proximal-ureteral crossing is located where the vasa ovarica pass ventral to the ureter on the lateral dorsal wall. The location varies from the distal margin of the renal hilus to the brim of the pelvis. The arteria ureterica is a constant T-shaped vessel which supplies the ureter, coursing both proximalward and distalward on the ureter.

The ureter is nourished from two points of the spiral segment, viz.: At the distal and proximal arterio-ureteral crossing and from the straight segment at the middle arterio ureteral crossing.

The arteria ureterica proximal practically supplies the lumbar ureteral spindle. It is subject to marked functional relation during the functionating state of the tractus genitalis (as menstruation and gestation) and hence subjects the lumbar ureteral spindle to prominent hyperemia, congestions at definite periods, altering its nourishment and dimension. The arteria ureterica proximal is emitted from the ovarian segment of the arteria uterina ovarica.

(*d*) Topography of the Ureter and Arteria Ureterica Media.

(See figures 5, No. 8; 9, No. 4; 19, No. 4.)

The iliac segment of the ureter is supplied by a vessel—arteria ureterica media—which arises from (a) iliaca communis; (b) iliac externa or (c) iliaca interna. The arteria ureterica media passes to the ureter, becoming a T-shaped vessel, one branch of which passes proximalward and the other branch passes distalward on the ureter. It is an important ureteral vessel, as it nourishes the ureter in its middle segment where ureteral blood supply is limited. Thorough injection and careful dissection are required to isolate the arteria ureterica media, as it is rather small and easily ruptured. Age relation but no functional relations arise in this vessel as regards the ureter.

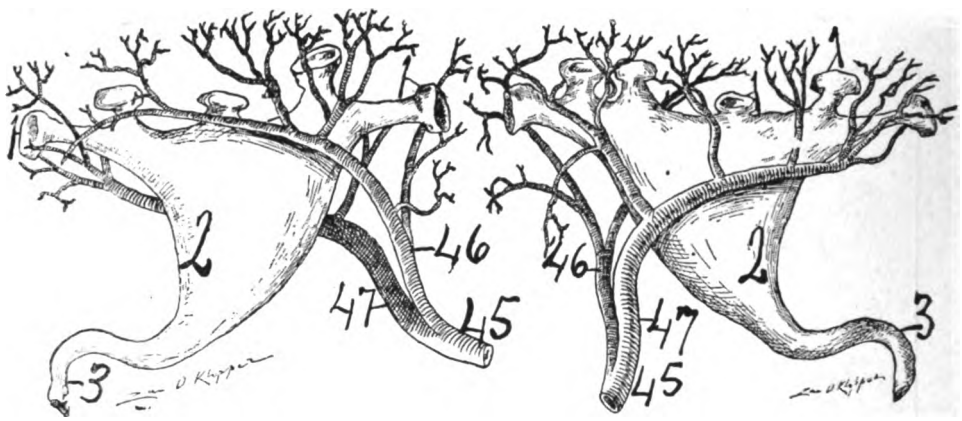

Fig. 28 (Byron Robinson). Paraffin casts of some ureter demonstrating the ventral and dorsal surface with special inference to the renal vessels. 1, calyces; 2, pelves; 3, proximal ureteral isthmuses. 45, arteria renalis; 47, 47, ventral larger branch of the arteria renalis. 46, 46, dorsal smaller renal branch. Observe the greater space on the dorsal pelvic ureteral surface free from vessel, and hence safer ureteral surgery on the dorsal surface. Note that Hyrtl's exsanguinated renal zone is located about one-half inch dorsal to the external longitudinal median renal surface, which is the choice of location of cortical renal incision with minimum hemorrhage.

(*e*) Topography of the Ureter and Arteria Ureterica Distal. Ramus Ureteris or Arteria Ureterica Distal.

The pelvic floor segment always furnishes a ureteral branch, arteria ureterica distal. The ramus ureterica distal which passes from the pelvic segment to the ureter at the arterio-ureteral crossing is a re-

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current branch, a T-shaped branch supplying the distal end of the ureter. Sometimes there are two ureteral branches. The artery of the distal arterio-ureteral crossing is T-shaped, one branch passing proximalward and the other distalward on the ureter. Well injected infants show this artery distinctly.

The arteria ureterica distal emitted from the uterine artery practically supplies the pelvic ureteral spindle. It exercises marked influence over the nourishment of the distal or pelvic ureter on account of the vigorous functional relations of the tractus genitalis (as in menstruation and

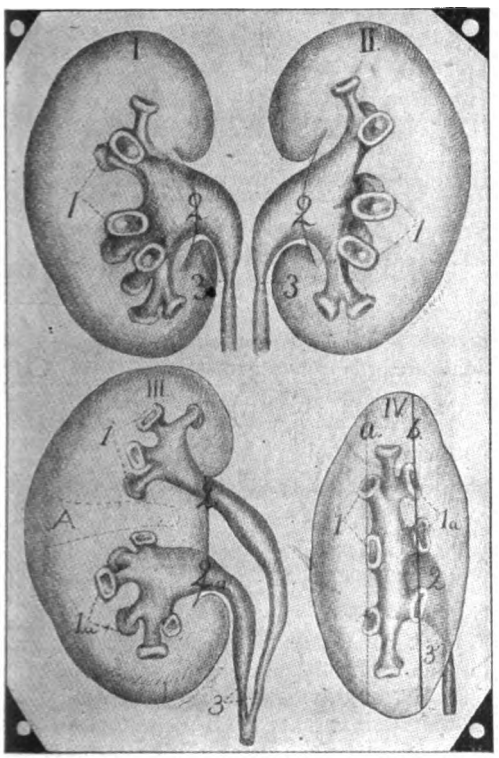

Fig. 29 (Byron Robinson). Presents a photographic view of the usual form of calyces and pelvis taken from life by corrosion methods. I left dorsal surface. II right dorsal surface. III double ureteral calyces and pelvis drawn from paraffin cast, right kidney. A connective tissue separating the two ureteral pelves. IV is the important one to show that Hyrtl's exsanguinated renal zone the line of cortical incision to explore the ureteral pelvis lies in the line (a) *i. e.*, one-half inch dorsal to the longitudinal lateral renal border along the proximal ends of the dorsal row of calyces. The line (b) falls on the tip of the ventral row of calyces.

gestation). It is this functional relation and consequent nourishing condition that marks woman's ureter as the seat of such pronounced degenerative dilatations in senescence. I found by injecting woman's ureter with red lead and starch in climaterium and senescence and X-raying them

Fig. 30 (Byron Robinson). Reverse of Fig. 31. A life-sized paraffin cast of adult ureteral calyces and pelvis and arteria renalis. Ventral surface showing dorsal arterial renal branch (47), 45 arteria renalis. The pelvis shows hydro-ureter B and C life-size paraffin casts of seven weeks' old infant calyces, pelvis and ureter proper. Ventral and external lateral view.

that more marked degenerative ureteral dilatations occurred than in man. However, this same functional degenerative ureteral dilatation occurs in the distal ureter of man but to a less degree than in woman.

(*f*) Topography of the Ureter and Vesical, Vaginal and Hemorrhoidal Arteries.

The inferior middle and occasionally the superior vesical arteries supply the distal end of the ureter. They present extensive fine anatomoses with the vaginal and hemorrhoidal arteries. Frequently the vaginal arteries form a strong, dense anastomoses around the distal end of the ureter. The middle and inferior hemorrhoidal branches also supply the distal ureter. The X-ray on well-injected specimens presents a vascular anastomatic sheath about the ureter, as may be noted in several of the cuts. The vessels of the tractus urinarius are large and powerful, especially to the proximal end (kidney, adrenal, calyces and pelvis and proximal ureter) and distal end (distal ureter, bladder and urethra). Perhaps no organ except the uterus has such a powerful volume of blood as the kidney. One seg-

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ment of the tractus urinarius (the kidney) has distinct end arteries—possessing no anatomoses at their periphery. This same segment, the kidney, possesses perhaps twenty-five per cent of multiple or supernumerary arteries which the surgeon may predict by palpating lobulated, elongated, irregular kidney. However, I have noted supernumerary renal arteries in normally smooth kidneys. The vessels of the tractus urinarius, especially the ureter, are apt to present spirality which aid in locating the ureter by inspection. The vessels of the tractus urinarius are capable of a considerable degree of elongation, as in splanchnoptosia. The vessels of the tractus urinarius are received at right or acute angles and chiefly end in a T-shaped branch, one passing proximalward, the other distalward; which is particularly the condition at the proximal, medial and distal arteria ureterica. The vessels of the tractus urinarius are not

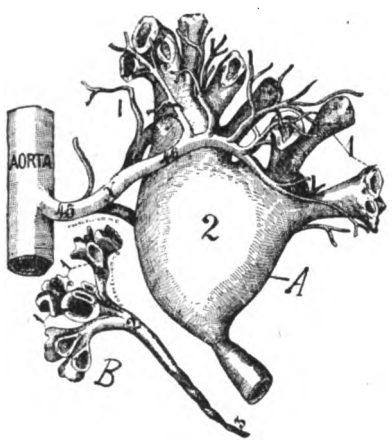

Fig. 31 (Byron Robinson). This specimen (and No. 30) arose from a man about forty-five, who had no visible obstruction, but the ureteral spiral valves (five in number) were well developed. Life size paraffin casts of A adult ureteral pelvis (2) and calyces (1, 1) and arteria renalis (45). B infant of four weeks. 1, calyces; 2, pelvis and 3 proximal ureteral isthmus; 4, X or 46, dorsal branch of renal artery. This was doubtless hydroureteri. Note how the dorsal ureteral pelvis surface is free from blood vessels. The renal arterial branches at the periphery (Hyrtl's exsanguinated renal zone) do not anastomose, but form an avascular zone, which in renal incision is quite free from hemorrhage. A presents the dorsal surface.

bilaterally symmetrical, hence the topography of the ureter and said vessels differ on each side, particularly as regards (a) the distance of the proximal arterio-ureteral crossings from the distal renal poles; (b) the origin of the ovarian ar-

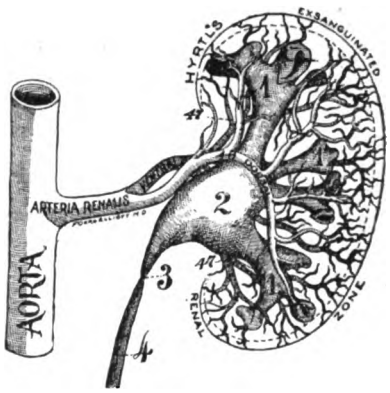

Fig. 32 (Byron Robinson). Life sized paraffin cast of the ureter, and arteria renalis from corrosion process. Dorsal surface presenting A right kidney, male, forty-five years of age. The dotted line represents Hyrtl's exsanguinated renal zone. The dorsal primary renal branches are drawn lightly-shaded, while the ventral branches are darkly-shaded. Observe that the dorsal ureteral pelvis is free from vessels permitting safe ureteral surgical intervention.

Paraffin does not reproduce such accurate and brilliant examples as celloidin in the fine terminal vessels, as it is friable material, and during the washing process becomes broken and torn.

teries; (c) the location of the exit of the ovarian veins; (d) the location of the middle arterio-ureteral crossings.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Symptoms and Treatment of Hectic Fever.

BY M. B. KING, M. D.,
LaGrange, N. C.

This is a common accompaniment and symptom of prolonged chronic suppuration. The condition would seem to simulate a kind of chronic blood poisoning dependent upon the slow absorption of products of fermentative and putrefactive change in pus that is pent up in some portion of the system. It is always present whenever there is pus undergoing the changes, as outlined above, in any portion of the human economy. The condition of hectic fever is characterized by the following symptoms: profuse sweating, rapid wasting, nocturnal rises of temperature with morning remissions, and very often diarrhea is present, and very troublesome. The face is pale and

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pinched, the cheeks flushed (hectic flush), the eyes bright, the pupils dilated, the tongue red and dry at the edges, and the pulse rapid, small and weak. The appetite gradually fails, the patient becomes weaker and weaker, and dies exhausted of diarrhea, lardaceous disease, exhaustion, etc.

In the treatment, the cause of the suppuration should be removed, if possible, or if it is impossible to remove the cause, the production and absorption of septic products, so far as is practicable, should be controlled by establishing a free drain to the suppurating cavity, and by preventing the putrefaction and fermentation of the discharges by the use of antiseptics. At the same time the system must be supported by nourishing diet and stimulants, the sweating combated by the administration of aromatic sulphuric acid and atropine sulphate, and the diarrhea by opium, catechu and other astringents. In the category of pharmaceutical nomenclature we have one preparation that is a combatant of pus formation, that is antimorbific in its action, and this preparation is ecthol, as made by Messrs. Battle & Co., of St. Louis. This preparation has been of inestimable value to me in treating pus formations in any portion of the body. In fact, I have been able by its use to check and correct a tendency to pus formation, as is often seen when we are first called upon to treat a furuncle or carbuncle in their early stages. I have used it both externally and internally, and get the best results therefrom. These are some of the cases I have treated, and you are left to judge the effects for yourself.

I was called to see a negro boy about eighteen years of age, who had shot himself about a month previously. The ball, a thirty-two caliber, had entered on the inner side of the thigh, going down and outward into the muscles of that portion. When I saw him, there was a condition of hectic fever, caused by the retention of putrefactive pus in the cavity made by the ball. There were evening rises of temperature, with morning remissions, profuse sweating, so much so that the bedding was wet; his face presented a pinched and anxious appearance, and he complained of great weakness and exhaustion. His appetite was very poor, and bowels in a constipated condition. Under chloroform I made an incision, completing the opening on the outer side of his thigh, and washed out the cavity or tract thoroughly with creolin solution. After doing this I carried a gauze drain through the opening to establish drainage, and filled it as full of pure ecthol as I could, and dressed it with gauze and cotton.

During the operation, great quantities of foul-smelling pus escaped, and I used massage to assist it in escaping, and later to assist the ecthol in reaching all portions of the diseased tissues.

I could not locate the bullet nor anything else that could cause the trouble during the operation, so I decided to let them alone, and await developments.

I visited the boy every day, carefully and thoroughly washing out the tract with ecthol, introducing a new gauze drain, and was pleased to note improvement from the first day. After the operation I prescribed ecthol in teaspoonful doses four times a day, at meals and at bed-time. I also administered a mercurial purge, to get the bowels in as good condition as possible.

As I stated, improvement was manifested from the beginning, and continued until he was thoroughly well. The amount of pus decreased until it was scarcely nothing, and then the tract rapidly healed, and now the boy is as healthy as ever, and can do as much work as he ever could with no inconvenience whatever.

The second case was that of a white boy who fired the load of a shot-gun through his foot, while resting the muzzle on his shoe, the gun going off accidentally. I did not see the patient until two weeks after the accident, and found him in bad condition at that time. There was a large hole in the middle of his foot, from which was escaping a large quantity of ill-scented pus. The edges of the wound had a dead, blackened appearance, and showed no signs of healing. All the symptoms of a hectic condition were present; there were profuse sweating, evening rises of temperature with morning exacerbations, anorexia, constipated bowels, exhaustion, and muscular weakness, all of which pointed to systemic infection through the circulation by the

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products of putrefaction of the pus from the wound in his foot.

Under chloroform anesthesia I thoroughly scraped out all portions of dead flesh, and all that had the appearance of dying and likely to cause trouble, washed the cavity with pure ecthol, and dressed the foot in gauze soaked in same. I also prescribed ecthol in teaspoonful doses four times a day, and a brisk calomel purge. After that I dressed his foot once a day. The amount of pus that had formed was quite profuse on the first day after the operation, but after that it gradually decreased until the fourth day, when I was sent for to come immediately. When I arrived, my patient presented some very decided symptoms of tetanus, so much so that I was very fearful as to the outcome. His jaws were rigid, high fever, and other symptoms characteristic of the disease were present. I gave a full half grain of morphine, another brisk mercurial purge, and continued the other treatment as before. The wound at this time appeared in a healthy condition, and seemed to be doing well. On calling the next day I found most of the symptoms of the previous day gone, and from that time on my patient did well. This case was of considerable interest to me, and will be to others. The improvement soon after the operation, the development of tetanic symptoms, their rapid disappearance, and the ultimate rapid recovery of the patient, are all well worth careful study. My opinion is that if he had not been taking full doses of ecthol he would have developed tetanus.

[Written for the MEDICAL BRIEF.]

Hypnotic Suggestion in the Treatment of Epilepsy.

BY C. EDWIN GOODELL, M. D.,
Newark, N. J.

One of the sad misfortunes which befall mankind is the development of epilepsy. The horrible aspects of this disease are not necessarily confined to those who are called upon to witness the seizures, or to administer to the apparent sufferings of the afflicted. Their anxiety and distress are naturally most acute for the few moments during which they see a fellow-workmen suddenly precipitated into subjectivity, distorted in face, trunk and limbs, livid in countenance, and with often extreme rigidity; but to suffer from this dreadful malady, the distress of mind is not momentary, nor do the alarm and unconquerable dread disappear when the re-establishment of objectivity and physical power follows an attack.

Sooner or later a patient of this class becomes aware that his attacks are unpleasant to witness; that they are liable to occur at unexpected moments, and it is politic to keep people in ignorance of the existing malady.

For awhile such victims are buoyed with a delusive hope that medicines will eventually restore them to perfect health, and for a longer or shorter period they are faithful devotees to some one or other forms of drug treatment that we may select. As each attack occurs, or as different physicians are consulted, some slight modification of the prescriptions are made; once again the poor patient's waning courage and increasing despair are bolstered by words of encouragement, and the oft-repeated assurance "that this special prescription will surely mitigate the attacks, and eventually cure the disease." Again the patient goes on, often conscious of a decreasing mental power, a failing memory, or a drug stupor, that invariably advertises his malady to the public. Again and again this slave to drugs is encouraged by his friends or medical adviser to continue the treatment, when everything in the clinical history of the patient distinctly tells us not to do it, and during all this time—the years of constant drugging, mental deterioration, and despair—no attempt has been made to show that hypnotic suggestion might relieve the patient whose constitution is all but broken down by drugs.

The various symptoms of epilepsy, whether motor, sensory, or psychical, are due to sudden discharges of nerve force. The discharge may be due to disease of the nerve cells which discharge, or to the inhibitory cells which normally control the discharging cells, or to a combination of both causes.

In seizures, which begin with a psychical or sensory aura, the rapid supervention of subjectivity and motor mani-

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festations commonly obscure all other phenomena, rendering an investigation of them impossible, and the seizure is said to be of the ordinary type. In the same way, seizures which begin with the motor manifestations unpreceded by aura, are probably due to explosions beginning in the motor cortex.

The rapid supervention of subjectivity and motor convulsions makes the study of psychical and sensory epilepsies somewhat difficult, but it is these types, particularly, which respond nicely to hypnotic treatment.

Among medical remedies the bromide of sodium stands pre-eminent, then follows Peacock's bromides, a combination of bromides which has done good service for me in this affection.

It seems quite difficult, however, to convince most medical men that too much should not be expected from the bromides; that the beneficial effects obtained from them in epilepsy are not permanent, as demonstrated by the frequent attacks that follow a complete cessation of the drug treatment; that the constitutional effects of the bromides may in chronic cases prove serious; and that epilepsy is an incurable disease when treated exclusively by drugs, except in the rarest of instances. To benumb the cerebral centers by a drug or combination of drugs so that they cease to respond to reflex irritation from any peripheral source, is not curing the disease. Such a principle of treatment is absurdly irrational, and opposed to physiological and psychological research.

Experiment has clearly demonstrated that epileptic seizures may follow peripheral lesions from the reflex irritation thus excited. This can not be denied in the face of overwhelming evidence.

When it can be shown that in any individual case the epileptic seizures have been made numerically less than when drugs have been skillfully employed for a sufficient period to test their efficacy, or, in other words, if it can be demonstrated that the condition of an epileptic patient has been improved, without the aid of drugs, no physician can deny that an important advance has been made in the scientific treatment of this malady.

Physicians who have had the largest experience in the use of drugs have long since lost faith in them as a curative agent in the treatment of this malady, and it is to these practicians I would call especial attention to the efficacy of hypnotic suggestion in epilepsy.

First of all, the hygienic management of the patient is very important. A greater portion of the day should be passed in the open air; light physical exercises should be indulged in, but not to the point of excess. The food should be nutritious, and taken at regular intervals, water should be drunk freely, and alcoholic beverages should be dispensed with. A daily bath should be indulged in, preferably before retiring, and the sleeping apartments should be well ventilated, both day and night. The patient should be instructed in deep breathing, which should be practiced for five or ten minutes before an open window upon rising in the morning, and occasionally during the day while in the open air,

The following case was treated solely by hypnotic suggestion, after having been under the bromide treatment for seven years:

Mr. S. H., aged twenty-three; weight, one hundred and five pounds; anemic, nervous, memory defective, appetite capricious, suffered from insomnia, headaches, constipation, and psychical pains.

Patient developed epilepsy at the age of fifteen, and was compelled to leave school. Previous to his first attack he had enjoyed good health. His attacks were numerous and frequent, sometimes numbering six in twenty-four hours. When called to see the patient for the first time, I witnessed an attack which lasted forty-five minutes, due to exhaustion from overwork. Upon his regaining consciousness I explained the process of hypnotic sleep to him, telling him that with his consent and co-operation I would bring about a change in his condition that would eventually cure his malady, and make a new man of him. Everything being satisfactorily arranged, I placed him in a partially subjective condition by having him gaze fixedly at the tips of my fingers, held about twelve inches in front, and a little above the eyes. Suggestions were then given for the general improvement of his

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condition, bearing on nervousness, insomnia, constipation, improved appetite, and nutrition, defective memory and pains.

Suggestions were also given to encourage deeper sleep at subsequent sittings. The patient was aroused in fifteen minutes greatly improved mentally, and encouraged. He was instructed to report at my office in two days for further treatment. Upon his next visit I learned that he had had but one attack, which lasted but a few moments, this attack presenting itself with an aura, an exceedingly bitter taste, followed by sudden subjectivity.

He was again placed under hypnosis to the point of catalepsy, and suggestions were continued as before, but with the additional suggestion that the intervals between the seizures would be considerably lengthened, and for the strengthening of his already weakened will power.

The patient was again instructed to report in four days, at which time it was ascertained that no seizures had been apparent, but a slight dizziness was experienced on the second day, which, however, wore off in a few moments without subsequent manifestations. His bowels moved regularly every twenty-four hours after the second treatment; pains had not returned, nor was there any insomnia after first treatment. The appetite began to be normal, and an increased desire for water was established; anemic condition much improved.

Treatments were continued three times a week with but two slight seizures in five weeks. After three months' treatment, patient was discharged, weighing one hundred and twenty pounds, strong and robust, mentality greatly improved, willpower strengthened to such a degree that he claimed he could ward off any attack which might attempt to present itself.

140 West Kinney Street.

Enclosed find money order for three dollars for the MEDICAL BRIEF for 1904, 1905, and 1906. I found an article on "Typhoid Fever," from Dr. Bass, that has paid me many times the price of the BRIEF. Wishing the BRIEF success.—J. C. MCGREGOR, M. D., Nelsonville, Tex.

[Written for the MEDICAL BRIEF.]

Perforation of Uterus.

BY HERMAN E. PEARSE, M. D.,
Kansas City, Mo.

On page 518 of the June number, I noticed a report of a case of perforation of the uterus, by Dr. H. H. Schultz, of Sutton, Neb., which details another accident to be charged to the auger curette. Owing to a miracle, the patient escaped with her life, although how she did so, when the Doctor stated that the uterus was in a condition of sepsis is one of the mysteries of abdominal medicine and surgery that will never be explained. I have been called upon twice to make hysterectomy, and once to make abdominal section for a lacerated wound, which had perforated the uterus, and which was caused by this abominable curette, in the hands of an operator who would never cause such an accident with any other instrument. Two of my patients have lived; one died. The instrument is unscientific and excessively dangerous, and I would strongly urge Dr. Schultz, and every other physician, who has a just regard for safety and caution and conservatism in practice to do away with it.

If the patient is brought well to the edge of the bed in good light, lying upon her back with a pillow under her shoulders; if then the legs are flexed on the thighs, and the thighs are flexed on the abdomen, strongly, the uterus can be brought to such a point that it can be emptied safely with the finger, assisted by a large dull curette or small placental forceps, or both.

The closing sentence of the Doctor's article is as follows: "I feel satisfied that these cases (*i. e.*, perforations of uterus) will usually recover if manipulations within the uterus are discontinued at once, and if no uterine irrigations are made. However, if the case does not tend that way, and septic peritonitis sets in, a vaginal hysterectomy should be done, or abdominal section, and the uterus repaired after the way of a ruptured uterus."

This seems very easy, but I would ask every reader of the BRIEF to be sure that before they begin to use the auger curette

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upon a patient they should be absolutely prepared to do what Dr. Schultz directs; that is, that a competent abdominal surgeon is at hand, with good hospital or trained nurse, and that he be prepared to make a hysterectomy or an abdominal section, as the Doctor says in his paper will be needed. I think that if these preparations are carried out, the use of the curette will be very largely dispensed with.

322 Rialto Building.

[Written for the MEDICAL BRIEF.]

Summer Dysentery in Children.

BY M. W. VAN DENBURG, M. D.,
Mt. Vernon, N. Y.

There is no more dreaded disease in the first two years of life than "bloody dysentery." Neither is there one that yields to treatment better if taken in time. The attacks are usually sudden; that is, with not more than twenty-four hours of prodromal symptoms. The attack may begin in six hours after the first departure from health. The causes are, usually, excessive heat, sudden change of temperature from hot to cold, exposure to drafts, with insufficient protection, and improper diet in bottle-fed babies.

The stools are frequent, from fifteen minutes to two hours apart, slimy, greenish-yellow, or, semi-transparent mucus mixed with diarrheic or lumpy feces, and more or less bright blood and bloody mucus. The blood is generally in streaks and spots, mixed also with bloody lumps of mucus, indicating a high degree of inflammation.

The most characteristic thing is the straining after stool has been passed. This continues from half a minute to three or four minutes, and is often accompanied by much pain.

There is usually much thirst, often an intolerance of food, and always extreme prostration, with restlessness and pallor.

At the beginning there is often considerable fever, temperature, 102°, 103°, or even 104° F.

Pain and crying precede, accompany, and follow stool.

Treatment consists in light feeding, but by no means starving; milk is allowable, if tolerated.

I have found "washing out the bowels" unnecessary, and often positively harmful, if indulged in more than once or twice in twenty-four hours. Usually I do not advise it at all; in case of bad-smelling stools, it may be used very cautiously. Nature does not favor the entrance of even water from that end. Mercurius corrosions is the remedy before all others for these cases. They are the "fulminating cases," intense, extreme:

℞ Merc. Corros. 3x dilution, one-quarter drachm to one-half glass water.

Dose, under six months, one-quarter teaspoonful; six to twelve months, one-half teaspoonful; over one year, two-thirds to one teaspoonful after each bad stool, if not oftener than one hour; one hour should be the limit of frequency of dose.

The abdomen should be protected by at least one layer of flannel, or by a knit band. If the weather is very warm, take off outside clothing, but retain the band.

As long as tenesmus, or blood, one or both, are present, continue medicine after each stool. When neither are present, the remedy ceases to be of value. Peptones used in moderation, and discontinued early as possible, are useful in some cases, but the stomach should be made to do its work as soon as may be. Remember these points:

Bloody, slimy, frequent, painful stool, followed by continued straining.

Prostration, restlessness, thirst, fever, vomiting, often persistent, sometimes very persistent.

I would like to hear of any case like this, where mercurius corrosions given as directed has failed to cure.

For the benefit of those who may not be able to obtain readily the 3x dilution, I will say—it is one part by weight of pure corrosive sublimate to one thousand parts by weight of pure alcohol. The solution is stable, and will keep indefinitely.

Find enclosed one dollar for which send to my address the BRIEF for twelve months. I would feel at a loss without it. Success to the BRIEF and its many readers.—C. C. GOLDING, M. D., Butlerville, Ark.

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[Written for the MEDICAL BRIEF.]

Cured by Mistake.

BY F. A. WILMANS, M. D.,
Dallas, Texas.

Reading an article in the April number of the BRIEF by "Old Doc," "Trying to Keep the First Dose Down," recalls to mind my experience in Galena, Ill., in my medical infancy, that is suggestive at least.

Not having the necessary means to remain in St. Louis for my third term and diploma, I sailed for Galena as an inviting place to replenish my depleted resources. Had been there but a short time when the Asiatic cholera came there also (this was in 1850), and the physicians to a man took themselves to healthier quarters, leaving me alone in my glory to fight the pest as best I could. Of course I had no time to sleep, and but little for eating—kept three or four clerks in my office to put up the McDowell prescription for callers, while I attended as many calls as I could, and I may as well state that said calls were of very little benefit to the callers.

After being without sleep for four or five days and nights, attended a call some two miles in the country, hoping to be away from the rush, and procure a little sleep. Well, when I saw that the patient was in a state of collapse, I told his wife I could simply be of no service, and as well return. But she insisted on something being done anyway. The man was retching every few seconds, so that it seemed impossible to get anything down him, much less keep it down; so I determined to try the weight and local effects of a large dose of calomel, and running a teaspoon into the calomel jar (as I supposed it was), I raised up his head with one hand, and with the other threw the medicine into his throat, when his wife dashed some water after it, and down it went. Well, he never retched again!

So leaving some of the J. N. McDowell powders in case I needed them, I struck out for home, fell asleep on the way, and on waking concluded that what was given him was too light for calomel. I hurried to the office, and on inspection found that it was tartar emetic he had swallowed. Well, of course it had killed him if the cholera had not, was my conclusion. So by daylight I was back there to view the corpse. While running up stairs loud whistling was coming from his room, and convinced me that instead of being dead he was a maniac. However, I pushed his door open, and found him sitting on the edge of his bed swinging his feet and whistling as loud as two mocking birds in one cage can whistle. While watching him a short time, he suddenly looked up and said: "Doc, what in h—— was that you gave me last night. I thought cholera was bad enough, but that was ten times worse, and has cleaned me out so there is nothing left in me but whistles," and he began whistling again. His wife coming in just then, he stopped his music and began to laugh, when I saw he was not crazy but glad he was no corpse. They paid me more than my deserts for my mistake, and I went off a wiser and richer man.

After that I treated my patients with modified doses of tartar emetic and ipecac with best results.

This was fifty-three years ago, and I am still in the harness, hale and hearty, and try to turn my mistakes to the best advantage for my patients and self.

I read your excellent journal monthly with pleasure and profit, and wish it all success.

[Written for the MEDICAL BRIEF.]

Diphtheria—Its Treatment by Antiseptic Medication.

BY J. M. CALLENDER, M. D.,
Thedford, Neb.

In the *Therapeutic Gazette*, of February 15, 1895, we defined a treatment for this disease that in our hands had been very successful. This article was republished in the *College and Clinical Record*, of Philadelphia, Pa., in March, 1895. In May, 1895, the same was republished in the *Universal Medical Journal*, of Paris, France. It seemed to receive but very scant attention at the time, notwithstanding the fact that the whole world seemed to be starving for some method of treatment that would control the disease.

On account of the liberal advertising which antitoxin received, the majority of

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the medical profession and the laity were more or less insane extolling its virtues. They would listen to nothing else. Later, the press, and even the medical societies were more or less "blocked" against anyone who would claim to be anything else than a devoted admirer of antitoxin.

The treatment advocated by me at that time, and which I have used very successfully for the past twenty-five years, with but little change, will control the most malignant cases, promptly and completely. It restores the patient to a condition of perfect health in a very few days. There never was a case under this treatment that ever had any of the ordinary sequels of the disease, neither were there any complications following after the treatment had been well commenced. Not the slightest paralysis, anemia or debility of any kind whatsoever has been observed. Perfect health, apparently, in from seven to ten days from the commencement of the treatment.

The advocates of antitoxin can not claim as much, for the mass of evidence is against them. Sequels are the rule, and a slow convalescence. My personal observation has convinced me that such is the case almost invariably.

As regards the treatment published in 1895, we have but few changes to make or suggestions to add. Some errors were made either in the original copy or in the publication of the article which we did not take the trouble to correct at the time.

For the benefit of those that "have ears to hear," we reproduce the article with the few important changes and additions.

For the treatment of the local affection, use the following:

℞ Liq. Ferri Subsulphatis .....2 drachms
Acid. Carbolic.....1 drachm.
Aquæ .....1 drachm.
Oil Sassafras .....1 drachm.
Glycerin.....q. s. ad.....1 ounce.

M. Sig.: Apply to the growth in the throat or wherever found by means of a swab, freely and frequently repeated.

In case the posterior nares are invaded, the preparation can be diluted with water sufficiently to use with an atomizer, and it can be used freely, directly through the nostrils, or by means of a curved tip, behind the palate. I have used a curved swab when other means were not at hand. It is not as difficult as the operation of intubation, and its use will save you the trouble of performing that operation later.

Keep up the local treatment until all appearances, both local and general, have entirely disappeared. There is but one objection that can be urged against this treatment. Young children are sometimes quite rebellious. This is more owing to fear than anything else. Careful management will soon do away with this. The applications are not painful in the least, and are not extremely disagreeable.

The internal treatment is as follows:

℞ Zinci Sulphate..... 6 grains.
Acidi Carbolici .....12 minims.
Aquæ..... 3 ounces.
M. Add.

Ol. Sassafras .....20 minims.
Tr. Digitalis.....1 to 2 drachms
Glycerin.....q. s. ad..... 6 ounces.
M. Sig.: Teaspoonful every hour. Shake bottle.

In very urgent cases, children eight to twelve years of age and upwards, this could be given every half hour for a few doses. Later, not as often. Continue the above treatment until you are sure that the air passages are perfectly clean, no fever, and the tongue perfectly clean, likewise some appetite.

In some cases a tonic course of treatment is needed following this disease, especially in weak children. There could be nothing better than protonuclein (R. & C.), combined with light doses of precipitated iron. It is useless to give any of the nuclein preparations while using antiseptics. Kill the enemy first, and then remove the remains and repair the damage.

The use of chlorate of potassium, tr. chloride of iron or any chlorine preparation in this disease I do not consider safe treatment. It is extremely dangerous to make a change before the disease is completely eradicated. Always continue the antiseptic treatment until you are sure that the throat is perfectly clear. Complete restoration to health is the rule under this treatment, without any restorative medicines.

It must be understood that the entire diphtheritic membrane must be covered with the mixture for local use in order to accomplish the best results, and that it must be done repeatedly; about every two or three hours at first. It requires a little dexterity to do the best of work.

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The touch should be light, and the operation performed quickly by a circular motion. The diluted preparation used with the atomizer does the work very nicely in many cases, but an occasional use of the preparation at full strength is advisable. If applied to the entire diseased surface, you may expect all putrid smell to disappear within the first twenty-four hours' treatment. In bad cases of the Klebs-Loefler disease, it will be necessary to watch it closely, and to have the nurse apply it more or less continuously for three or four days.

In the streptococcus variety of the disease, characterized by great putridity and profuse secretion of pus, it will expedite the cure by the additional use of the following preparation:

℞ Zinc. Sulphat.....15 grains.
Ac. Carbolic.....20 minims.
Aquæ..... 3 ounces.
Eucalyptol.....10 minims.
Thymol..... 5 grains.
Ol. Sassafras.....10 minims.
Alcohol.....q. s.
Glycerin.....q. s. ad..... 6 ounces.

M. Sig.: Use with atomizer in throat, making a special effort to clean out the air passages of the pus, etc.

In all cases, use the following "per hypo," and repeat every four hours, or according to the toxemia. We would advise its use occasionally, when the toxemic symptoms are not very evident, as it assists very materially in controlling the disease. My experience with it confirms me in the opinion that children seldom require more than three or four injections at intervals of about twelve hours in any disease characterized by a toxemia. Older people would require much more:

℞ Thymol..... 8 grains.
Alcohol..... 5 drachms.
Tr. Iodine..... ½ drachm.
Phenol.....30 minims.
Glycerine..... 2 drachms.
Aquæ.....q. s. ad..... 2 ounces.

M. Sig.: Inject from 10 to 20 minims according to age and conditions.

The use of this preparation causes a slight smarting sensation, which is relieved at once by the application of moist heat, applied by means of a cloth wrung out of hot water. To expedite absorption, it is well to keep this constantly applied.

It is claimed by many well educated and observing physicians that the virtues of the serum preparations depend for their efficacy on the antiseptic used in preserving them. If this is the truth, or even an approximation to the truth, it is very desirable that the use of the serum should be discontinued, and the antiseptic retained and intelligently used in all toxic conditions.

There is no question but that the use of the serum preparations in adults, and frequently in children, produces a condition of anemia and paralysis, which closely resembles that of the patient of thirty or forty years ago, who had barely "scratched" through the disease. Under straight antiseptic treatment we never have any sequels. All is as bright as the noonday sun.

Regarding the toxemia of diphtheria, or any other zymotic disease, why is it that we have such a variety of symptoms in different cases of the same disease, and many times a striking difference will be observed in the same family? Theoretically, it would seem that certain germs in certain culture media at a certain temperature, produce certain chemical products, alkaloids, ptomaines, toxines. The lymph channels furnish this variable culture medium, especially in diphtheria.

Viewed in this light, the humoralists are nearer to a truthful explanation of various phenomena than the germ theorists. A mixed infection is undoubtedly the case in all diseased conditions, zymotic in character. It would thus appear that the use of the mercurous chloride during the first few hours' treatment, used in divided doses to the production of mild catharsis, would be beneficial in many cases. I have never considered it necessary, and have never followed this practice, on account of its interfering with the internal treatment previously mentioned.

A distinguished professor, years ago, asserted that it was useless to seek for any germicidal remedies for the various bacteria, as the germicides would disintegrate the blood if introduced strong enough to act as germicides. He had in mind evidently such agents as mercuric chloride, formalin and other powerful germicides, which are entirely inadmissible. Germicides, proper, and antiferments or antiseptics are two radically different agents. The use of germicides in therapeutics is very limited. I would define antiseptics as agents that are capable of preventing the formation of toxines.

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The germ is the ferment agent, but it is well known that many agents are capable of preventing the formation of toxines by their mere presence in the best of culture media.

Clinical experience at the bedside has always been considered the best teacher of medicine. The laboratory is very useful in explaining the phenomena observed but can not be relied upon to originate new therapeutic measures.

Under the treatment as outlined above, my death-rate in diphtheria cases has been less than one per cent for the past twenty-five years. I have treated many hundreds of cases. It is also proper to state in this connection that I mean the genuine disease, the kind that kills.

As an illustration, I will mention an epidemic that occurred in Stark County, Ill., in 1878. In a sparsely settled school district near Bradford, the disease first appeared, and from a case imported from Peoria, Ill. There were thirteen deaths in a period of about one week. Every case proved fatal under the treatment adopted by the physicians in attendance. What their treatment was I do not know. My first call was to a family of eleven persons originally. Five children were dead with the disease; the rest were all afflicted with it except the father. All recovered, promptly and completely. No sequels. I lost but four cases during the entire epidemic, and treated nearly two hundred cases. Two of the cases were "chronics," cases taken from other physicians. Since that time, and under this method of treatment I have lost but two cases.

In the commencement of this epidemic I used the sulphur and hyposulphite of soda treatment with very good results at first as I have stated. The firm fibrinous variety, the Klebs-Loeffler variety, will not yield to it very promptly. It is very good treatment in some epidemics of the streptococcus variety, but all epidemics are more or less mixed. I have seen cases that were gangrenous and that manifested tetanic symptoms recover.

In conclusion suppose that for the sake of argument we admit that the antitoxin advocates are absolutely correct in all things claimed. Antitoxin, if anything at all is a physiological remedy. What wise physiologist would consider it an economical measure to call on Nature's forces so heavily, if there was any possible means of avoiding it? What military genius is there who would allow an enemy to land on his native soil, and scatter through the interior, preying on the resources, and sapping the vitality of the nation, and then retaliate by producing a pestilence for all alike.

Diphtheria is strictly a local disease at the initiative, the germ being engrafted on a prediseased surface. The toxines are formed by its connection with the capillaries and lymphatics, the contents acting as the culture medium. Kill the enemy at the landing place, then, if necessary, use antitoxin to please the public.

It is just and proper to state in this connection that the use of antitoxin to the exclusion of the local treatment defined above, or some similar preparation, conduces very much to the spread of diphtheria. I can not conceive it possible for anyone who has had any experience in the disease to entertain the opinion that it is, primarily, a blood infection, with the secondary local expression. If the local treatment will control the disease and prevent the formation and absorption of the toxines, and likewise reduce the temperature six to eight degrees in ten or twelve hours, it should be accepted as prima facia evidence that the disease is a local disease at the initiative at least. It has done this for me many times.

Almost every medical journal issued for the past ten years has had an article in it on the treatment of diphtheria. Some are quite good, but the majority of them will not cure the disease that I have been called upon to treat and have termed diphtheria. There are many errors in diagnosis. Some are through ignorance, but the majority are through a desire to swell the list of cures. Follicular tonsillitis is the disease that is most frequently diagnosed as diphtheria. Painful deglutition in tonsillitis, always; in diphtheria, never; although there may be considerable trouble in swallowing.

We have heard papers read in medical society meetings on cures by antitoxin treatment, and the authors have been eloquent and loud in their assertions that the disease was very grave, as the pa-

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tient could scarcely swallow at all, and that the tonsils were so badly swollen as to interfere quite seriously with respiration. None of these cases are diphtheritic, and I doubt very much it being possible to inoculate such a surface with the diphtheria germs.

Finally, all zymotic diseases vary greatly in many symptoms in different localities. The only safe treatment is antiseptics as a basis, and the treatment of other symptoms as they arise. By the use of "toxicide," the treatment recommended above "per hypo," we ought to be able to successfully treat all diseases associated with a toxemia.

[Written for the MEDICAL BRIEF.]

Unique Surgical Operation—A Most Peculiar and Interesting Case of "Laparotomy."

BY E. H. VON KOTSCH, M. D.,
Chicago, Ill.

A few weeks ago a female patient boarded a fast train at Freedom, Minn., bound for Chicago, with a view of having one of the most serious surgical operations performed, commonly known as "laparotomy." No operation of this peculiar nature has been successful, as far as the saving of the life of the patient is concerned. Arriving at Chicago, a short rest was given the patient, in which time a number of prominent men inspected her, but, strange to say, could not find any symptoms indicating distress or ill-health.

After different consultations operation was decided upon and after due preparations, the operation was performed in the usual manner. Abdominal incision brought the stomach to the field of operation and after incising the wall of this organ, lo and behold, a hard solid mass, covered with a slight coat of mucous nature, was found in the stomach. After close inspection of the mass, which was the shape of a cricket ball, and weighing close on fourteen ounces, it was found that the ball consisted of particles of grass, hair, and no less than a thousand ordinary pins; in addition to this, two good-sized nails were enclosed in the same mass. The pins were all bent up in a most peculiar way, points inward and heads toward outer surface of ball.

To go no further, it must be added that the subject was a domestic animal, or to be more definite, a common Minnesota cow, while the surgeon was a meat dresser in the great Chicago packing house of Swift & Company. Conjecture is rife as to the presence of the metal ball. A plausible theory is that the bovine while grazing contentedly near the farmhouse, inadvertently picked up a package of pins, or, perhaps, two or three. Somehow or other, these succeeded in reaching the stomach, and, in the mysterious processes of bovine digestion, collected into a spherical mass, the like of which naturally brought astonishment and wonder to the packing-house people.

935 West Sixty-Third Street.

[Written for the MEDICAL BRIEF.]

Medication for Results.

BY A. L. MATHEWS, M. D.,
Callaway, Neb.

Your fearless style of doing things medical is admirable. Also by giving free scope of thought in medicine through your journal, more especially in these times of all kinds of errors that are wedging in the profession, backed by capital. I believe the day is here when the common fielder in medicine must speak:

I am an eclectic, consequently I believe in medication for results, and I get them, and I am not shooting antitoxin or any of its congeners into my patients.

More, I am keeping a record, whereby I may know if my treatment is best as compared with my brother practitioner who shoots all the serums up and down the alleys, and I must say he is doing this because he thinks it is orthodox.

Good-by.

P. S.—I must not forget to say, send BRIEF to me, for that is the object of this instrument of writing—to get the BRIEF. Enclosed find check.

Enclosed please find one dollar to renew my subscription to the MEDICAL BRIEF the present (1904) year. I can not do without the BRIEF.—A. THOMPSON, M. D., Danbury, Conn.

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Inquiry Department.

Flushing the Colon.

QUESTION:—I am so well pleased with the MEDICAL BRIEF, especially the way you answer questions, that I want to ask a question for my own benefit as well as for the benefit of others.

I have always been of a bilious temperament, dark skin, foul tongue, etc., often having to take purgatives. An old doctor advised me to flush the bowels with hot water every day, using a gallon or so of water, with the idea of washing out the whole bowel.

I find, after several trials, that I can really pump a gallon or more of hot water into the bowel. After five or ten minutes it comes away with large quantities of sour, foul-smelling feces, and I think I feel better, mind more clear, etc.

Now, the question is will these large injections do any harm whatever? The doctor above referred to, told me that this was the basis of a system of treatment employed with great success for the relief of chronic ailments by a medical firm some years ago.

The MEDICAL BRIEF is the best, or among the best, of the journals that come to our table. We so much admire your sincerity and independence.

Jacksonville, Texas. S. S. RATHER, M. D.

ANSWER:—Doctor, it is an old saying that nothing succeeds like success. If, in your individual experience this method gives good results the end may justify the means. At the same time it is open to certain objections, which it may be well to take into consideration. It is certainly a decided benefit to have offensive and irritating matter removed, and the bowel cleansed. At the same time these injections are out of the course of Nature, and should be regarded as a temporary procedure. One gallon of water seems to us an excessive quantity. We have always found a half-gallon ample, and in obstinate cases repeat this quantity two or three times consecutively. Dilatation of the bowel should be guarded against. The water should be let in slowly. If the injections prove weakening, use them less often.

We should recommend a course of treatment for you embracing such drugs as cascara sagrada, hydrastis canadensis, chionia, nitro-hydrochloric acid and nux vomica. Wyeth's granular, effervescent phosphate of soda is a particularly nice preparation for flushing the bowels.

The great objection to washing out the bowel by the method you mention is that it tends to confirm the torpid state of that organ. After a time it ceases to make any effort at natural evacuation, then you have an inconvenient and abnormal habit fastened upon you.

You will need to diet strenuously, avoiding everything that ferments or causes flatulence, and never overtaxing the digestive powers. Plenty of fresh fruit always eaten on an empty stomach, preferably for breakfast, corn bread, a small quantity of roasted or broiled meat, simple puddings. The juice of tomatoes, fresh green lettuce, spinach, asparagus, are good.—ED.

Opinions Wanted.

QUESTION:—I want the ideas of the Editor on the following case and also to hear from the brethren:

The case is my daughter, aged twenty-three, married two years, no children.

She always enjoyed good health until August, 1901, when she had typhoid fever, but recovered rapidly when the fever yielded. General weight in health one hundred and forty to one hundred and fifty pounds.

She resides at Fort Smith, Ark., one hundred and twenty-three miles west of here.

August last, made us a visit. At that time health was run down, somewhat debilitated. I made a thorough examination of her. Found a retroversion of uterus, some tenderness of ovaries, badly constipated.

I relieved the constipation with a pill composed of aloin, strychnine, belladonna and ipecac put up by the Merrell Chemical Company, recommended a douche of one-half gallon warm water with two teaspoonfuls of Kennedy's Pinus Canadensis (white) night and morning. Also to paint the ovarian region with tincture of iodine twice per day. Gave aletris cordial rio, teaspoonful three times a day.

She made some improvement, but on making a trip to the southern part of the State, where she lost considerable sleep and became greatly fatigued, her condition became worse.

September 27th her husband called in a physician of their city to see her. He made an examination and diagnosed contracted uterus with inflammation of same. Advised dilatation to which her husband consented, but patient objected. The doctor finally prevailed, however, telling her she would never get well without the operation.

October 1st, just four days later, patient was seized with a rigor and a high temperature, running to 105° F. Had several rigors for four days.

I was sent for and found her suffering intense pain, requiring one-fourth grain morphia

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to ease her. About the fifth day a very offensive discharge from the uterus appeared.

The attending physician was giving calomel internally and using an ointment externally, which was applied to the spine and inside of thighs. Also a douche.

The fifth morning I called him aside and told him she ought to have something to eliminate the poison from her system. He said it was endometritis, and did not need any internal treatment; that it was a local trouble and needed local treatment. I asked him if septicemia was not a systemic disease and not a local one. He said it was not. I suggested some remedy to give her. He said it was not needed.

After he left I put her on elix. iron, quinine et strychnine; also aromatic sulphuric acid.

When the doctor returned I told him what I had given her. He got very mad and wanted me to promise him that I would quit prescribing for my daughter and follow his directions. This made me angry and I expressed my mind freely.

Now, Mr. Editor, my diagnosis of this case is that my daughter was poisoned by the introduction of that dilator, which may have been previously used on a syphilitic person or other subject of a filth disease, and not properly sterilized. What do you say?

W. FRANK MORROW, M. D.

Solgohachia, Ark.

ANSWER:—It is possible for the uterus to have been infected after the manner you describe, Doctor, but we do not think you should assume the fact. There are few physicians in this day of rigorous antiseptic preparations who do not understand the importance of thoroughly sterilizing their instruments before and after using.

The operation, itself, on a diseased uterus, and in a patient whose health was run down, was sufficient to account for the results.

We suggest the free use of ecthol in this case, adding two grains of chlorate of potash to each teaspoonful-dose of the ecthol, to be repeated four or five times a day, according to indications. Keep the bowels moving with salines, and apply a poultice containing mustard and ground linseed over the hypogastrium. Use a permanganate of potash douche.

After the pus is checked, and the acute symptoms brought under control, you will do well to place her on iodia for a time.

Are you sure there are no pus tubes in the abdomen? Have you had the uterine discharge examined microscopically?

Do not let her get up too soon. After she does get up insist on her lying down at regular intervals. If there is any lingering congestion use tampons of boroglyceride, alternating with Kennedy's dark pinus canadensis.—ED.

Macroglossia.

QUESTION:—Little girl, aged five years. Two years ago had an operation for ranula, which for a time, gave some relief with improvement of speech, besides beautifying the child.

About a year ago an acute attack of macroglossia or apparent elephantiasis, came on, with involvement, suppuration and sloughing of the sublingual salivary gland. (At that time the tongue was said by attending physician to be gangrenous.) In the course of two weeks the child apparently recovered, swelling rapidly subsided so that tongue could be retained in mouth.

About sixty days ago another and more severe attack occurred, with greater swelling of tongue, sloughing of the sublingual salivary gland, also involvement of the submaxillary and parotid glands and great facial swelling. In the course of three to five weeks, when the tongue had quit sloughing, the swelling subsided and the child could again retain the tongue in the mouth. But the submaxillary glands and tonsils still remain quite large. There is also quite a little swelling in the face and neck with varicose veins over the involved area. The last attack was not accompanied by a very high degree of general temperature, but difficult breathing and deglutition.

For the past three years the tongue has had the appearance of apthous stomatitis as described by Hughes on practice.

Tubercular history. Characteristic cough of pulmonary trouble. Otherwise the child is apparently healthy, as large and jolly as any one of her age, and exceedingly bright.

Have only seen the child accidentally at intervals, am not acquainted with the treatment used, hence can give no further information. If the Editor or any of the readers of the BRIEF can, from my feeble description, give diagnosis, prognosis and treatment, would be much pleased.

St. Joseph, Mo. E. V. R., M. D.

ANSWER:—Cystic tumors in the region of the neck, hypertrophy of the tongue, cheeks, etc., are the result of some congenital defect, and the prognosis is not good. The enlargement of the tongue is progressive with periodically recurring attacks similar to those described above. Any stimulating local treatment is out of the question, as it does more harm than good.

We would suggest that this little girl be placed on the brown iodide of lime

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made by the Billings, Clapp Co. Emulsion of cod-liver oil with the hypophosphites may also be used to good effect. Do all that you can to nourish and build her up. Avoid indigestible foods. Also excitement and effort. Kind, firm management. Fresh air. Abundance of sleep.

A mouth wash may be used consisting of fifteen grains of borax, one drachm of pure honey to an ounce of water.—Ed.

Information Wanted.

Question:—I would like to have the opinion of the Editor; also to hear from any of the readers of the Brief in regard to the following case:

Mr. C., aged sixty-five. Family history good. Height five feet eight inches, weight two hundred and fifteen pounds. Has always used whisky freely. Has been troubled with his stomach a great deal. Otherwise appears to have enjoyed good health.

I was called to see him February 17, 1904. On arrival learned that he had been drinking heavily for some days and the day before my visit had a severe attack of vomiting, during which or soon after he discovered quite a knot in his right groin, which gave him considerable pain and uneasiness.

Patient would not consent to be chloroformed nor to have it put back without the anesthetic. So I proceeded to treat the stomach trouble with pepsin, nux, etc. Also to bathe hernia with chloroform and to poultice, etc.

Ordered a truss and on third day told patient I would not return unless sent for, as he was doing so well. He was able to be up about the house.

About the tenth day, patient was seized with another severe fit of vomiting, following which the tumor increased to the size of a man's fist and was about six inches long.

Another doctor was called and then a third. I do not know their treatment, but in about one week from this time, the knot broke about the center and has run very freely ever since (about one month), and still remains about the same size.

What is the cause of the pus and where does it come from? How long is it likely to run? What is the probable termination?

I would like to hear from several of the profession in regard to diagnosis, treatment, prognosis, etc.

Elizabeth, Ark. W. P. Custer, M. D.

Answer:—Did you percuss the tumor when it made its first appearance, Doctor? Did you test for impulse on coughing? You do not say whether the vomiting was at any time stercoraceous, hence we presume not. Neither do you mention absolute constipation, a principal symptom in hernia.

Of course, you can have suppuration coincident with hernia, but this is not common. Taking all the circumstances into consideration, the duration of case, etc., we are inclined to regard it as an abscess making its way out. Pus may come from almost anywhere in the abdomen, and make its way out at this point, as in the case of a psoas abscess.

If the pus comes from the abdomen the prognosis is grave. Hectic fever and exhaustion frequently wind up the case.

Ecthol, used internally and externally, is a sovereign remedy for pus if there is constitution enough to rally. Strychnine should also be used as indicated.—Ed.

What Is It?

Question:—Mr. G., aged thirty, married, wife and three children. Has been confined to bed six months. I am the fifth physician called to the case. I was called on the first day of May, 1904. Found temperature normal, pulse and respiration normal. Blind, with pupils dilated, eyes at a standstill. Pain in back of head and down spine as far as the scapulæ. Has spells every ten or twelve days, during which head is drawn backward and back becomes stiff as a board. Sleeps these spells off, lying apparently lifeless. Bowels sluggish, tenderness in region of right kidney and scanty action of these organs.

My treatment is one-sixtieth grain of strychnine every four hours, Peacock's bromides, four drachms daily, calomel, one grain, podophyllum one-fourth grain, every two hours, on alternate days.

Can this case be cured? Can the good Editor or any one of the Brief family help me, as I am very much interested in this case?

Success to the Brief.

Europa, Mo. W. P. Hicks, M. D.

Answer:—The diagnosis of your case is obscure. The base of the brain and cervical spine appears to be affected. The symptoms somewhat resemble the *abortive form* of cerebro-spinal fever, but its persistence is not easily explained.

Have you examined the urine chemically and microscopically?

We suggest that you drop the strychnine and use ergot and small doses of pilocarpine in conjunction with the Peacock's bromides. Also use salines in addition to your other purgatives. Keep the body warm, and let your aim be to get all the secretions to working actively, and bring the blood to the surface of the body. Sulphate of atropine is better than strychnine in these cases.

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Sometimes the carbonate of ammonia in two-grain doses every hour or two will bring the patient out of this lethargy when everything else fails.

Small blisters to the back of neck and behind the ears may prove of use.

Let us hear how you come out with this case.—ED.

Painful Knee-Joint.

QUESTION:—Man complains of pains in the right knee-joint of six months' duration. On pressure over the joint no pain is felt, except on the inside of the leg. When the limb is in a comfortable position no pain whatever is felt. The pain is noticed when any unusual or hasty movement is made, as a step aside, a jolt, any movement outside of routine locomotion. Is not troubled with rheumatism. There seems to be no inflammation unless it is in the interior of the joint. There is no swelling. General health good. Eats and sleeps well.

Any advice you may give will be gratefully received.

Ione, Cal. L. A. MOBERRY, M. D.

ANSWER:—In all probability the trouble is rheumatic nevertheless, affecting the tendons of muscles inserted near the knee-joint on the inner aspect of thigh, although, of course, it might be reflex from the hip joint, the result of pelvic congestion, etc.

We recommend a trial of macrotys (Lloyd's preparation) in one or two-drop doses three times daily. The commercial preparation is of such uncertain strength that it is practically valueless.

Keep the bowels open and do not overtax the digestive organs. Eat less meat, potatoes, sweets; eat more fresh fruit and fresh vegetables and drink more water. Hot sitz baths may help, and rub the affected joint with chloroform liniment.—ED.

Who Was Right?

QUESTION:—Doctors, who was right, the other man or myself? I was taking charge of a patcher suffering from chronic intermittent fever and a weak heart. I was giving aconite to control the fever and digitalis for the heart. The patcher got worse one day and I was sent for, but could not be found, so they sent for another doctor to fill the emergency until I could get there.

This doctor told the family my medicine was killing the child. He meant the aconite and digitalis would kill if given together.

When the family told me what he had said the doctor was gone. I then sent for a third physician, showed him the medicine and told him how I was giving it. He told the family that my medicine was all right.

Now, Doctor, do you treat your neighbor doctor as that doctor did me? If so, I do not want to meet you.

The same doctor was treating a man for a hard, swollen liver and they turned him off and sent for me. I had treated this man three years before this for pneumonia. This doctor told the family it was the medicine I gave the patient that made him have the hard liver.

Doctor, what could I have given a man to cause him to have a hard liver three years afterward? Doctor, please tell me what you think about such a medicine as this. I will give one hundred dollars for one pound of it.

Lorado, Ark. A. L. LAMB, M. D.

ANSWER:—Doctor, we think these two families must surely have misunderstood what the physician referred to really said. We suggest that you call upon him, and bring the matter up pleasantly, giving him an opportunity to set himself right.

Of course, aconite is the child's febrifuge, and in small dose acts charmingly. Digitalis is the recognized physiological antidote in aconite poisoning. We can see no objection to using them in conjunction.

As to drugs which will cause a hard liver, we know one guaranteed to produce this effect if you use enough of it, and that is alcohol.—ED.

Superfluous Hair.

QUESTION:—Kindly inform me through the BRIEF if there is any method by which hair can be removed from the face, so that it will not return.

I have a patient, a young lady aged twenty-three years, who is horribly disfigured by an abundance of hair on her face. Up to her nineteenth year she was free from this trouble.

Many things have been tried, such as pulling, electricity, caustics, peroxide, ammonia. These merely bleach the hair, but do not remove it.

As to history, she is single, twin child. Health is good. Stout. Weighs one hundred and forty-three pounds. Hearty eater. Sleeps well. Learns quickly.

I earnestly hope that I may receive a favorable reply.

New York. H. GREENSTEIN, M. D.

ANSWER:—The only certain method of removing superfluous hair is by electrolysis. This work must be done by an expert, as unless the needle is inserted right into the bulb the results are unavailing.

Depilatories remove the hair, but the effect is only temporary. We give two

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formulas for preparing depilatory powders:

℞ Powdered unslacked Lime....8 drachms.
Carbonate of Potash.....1 drachm.
Sulphuret of Potash.....1 drachm.

M. Keep in well-stoppered bottles. Sig.: Moisten to a paste and spread thinly and evenly over a small patch of skin, leave on five to ten minutes, then scrape off. The hair should come with it.

℞ Fresh Stone Lime.....1 ounce.
Pure Potash .....1 drachm.
Sulphuret of Arsenic.....1 drachm.

Reduce ingredients to a fine powder in a mortar, adding enough soft water to make a thin paste. Wash the spot to be treated with warm water and apply, rubbing gently. As soon as the skin is well reddened, wash off with strong vinegar. Do not allow the paste to remain on longer than three to five minutes.—ED.

Hepatic Insufficiency.

QUESTION:—Married man, aged forty, suffers from fermentative dyspepsia, with history of several attacks of appendiceal colic. Burning pain in stomach, tenderness over region of stomach and liver, dull pain under right shoulder, radiating into stomach and bowels. Considerable flatulence. Bowels obstinately constipated. Has been compelled to resort to cathartic medicine for years. Stools are clay-colored. Tongue has a yellowish brown coat. Subject to attacks of headache and vertigo. Nervous, hands and feet cold, sleeps poorly. Urine scant, high-colored and strong. Is a hard-working man of good habits and anxious to be cured.

What line of treatment is best calculated to relieve this man? Let me hear from Editor and BRIEF readers.

Tenn. H. L. B., M. D.

ANSWER:—Would give this patient a quarter of a grain of calomel with five grains each bicarbonate of soda and subnitrate of bismuth three times daily until the color of stools change; follow with doses of Wyeth's granular, effervescing phosphate of soda sufficient to clear out the bowels thoroughly.

Then place him on the following:

℞ Ammonium Chloridi .....1 ounce.
Tinct. Nuc. Vom.....4 drachms.
Seng .....3 ounces.
Chionia .....4 ounces.

M. Sig.: Two teaspoonfuls three times daily, gradually reducing the dose to one.

Repeat the flushing with phosphate of soda as indicated.

Hot turpentine stupes applied to the bowels.

Diet rigorously.—ED.

Ulcerated Mouth.

QUESTION:—I wish some assistance from the Editor or the BRIEF brethren:

Patient is twenty-four years old and has been troubled with an ulcerated mouth for several years. The disease appears on the inside of the lips generally. The ulcers get as large as buckshot if not checked. Sulphate of zinc seems to be the only thing that will stop them. Would like to get hold of a permanent remedy for this annoying disease.

Texas. S. C. G., M. D.

ANSWER:—The following prescription is usually effective:

℞ Potassii Chloratis ..... 2 drachms.
Tinct. Myrrh.....40 drops.
Ecthol ..... 6 ounces.

M. Sig.: Teaspoonful in water every four hours.

If there is any acute inflammation of the kidneys the chlorate of potash had better be omitted from this prescription.

If there is hepatic torpor chionia is indicated. If the bowels are constipated use saline purgatives.

As a mouth wash use one part of the myrrh to two parts ecthol. If some of the ulcers refuse to heal readily, touch them with the tip of a stick of nitrate of silver.

Make a radical change in the diet. See that the patient is not overtaxed, and gets enough outdoor life.—ED.

To Remove Fat From the Face.

QUESTION:—Can you give me the formula of an astringent lotion that will remove superfluous flesh from the face by local application?

GEORGE F. RITCHER, M. D.

Knoxville, Tenn.

ANSWER:—Massage, employing the heavy stroke, and electricity are necessary to remove superfluous flesh. At the same time an astringent lotion may be used to good effect to keep the stretched skin from wrinkling. Equal parts of listerine and Pond's extract of hamamelis makes an excellent application for this purpose. Its tonic properties can be still further increased by adding one drachm of quinine (the alkaloid) to eight ounces of the mixture.—ED.

Tiger Lily.

QUESTION:—An Illinois correspondent requests that we ask BRIEF readers to give their experience with, and manner of prescribing, tiger lily. He also desires to know whether Merrell's and Lloyd's preparations are used in the same dose.

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Ptyalism.

QUESTION:—I have observed several cases within the last twenty-five or thirty years in which, after giving a dose of calomel, free purgation would set in in from thirty-five to fifty minutes, resulting in ptyalism. What is the incompatibility in these cases and how can one avoid the salivation?

Oakland, Ky. J. W. HACKNEY, M. D.

ANSWER:—We think the phenomenon of which you speak may be attributed in part to idiosyncrasy, and in part to a hyper-acid state of the secretions. It is a good plan to give five grains each bicarbonate of soda and pepsin with each dose of calomel, particularly in susceptible cases.

Can any of our readers throw some light on this question?—ED.

Malnutrition.

QUESTION:—Little girl, aged four and a half years, puny and under-sized. Is listless, has no appetite, but strange cravings for unwholesome diet. Is pale, slight tendency to constipation varied by occasional diarrheas. Can not take strong medicines. Please give treatment and oblige.

Ark. F. P. B., M. D.

ANSWER:—Give one or two grains of phosphate of soda with a teaspoonful of seng three times daily after meals. Feed fruit, corn bread, a little finely chopped rare roast or broiled meat, broths, milk and eggs, breakfast chocolate, but no candy, cake, etc. Hagee's cordial of cod-liver oil comp. is of much assistance in building up these patients.

Pulmonary Abscess.

QUESTION:—Young man aged thirty, two years ago had an attack of pleurisy terminating in an abscess of the lungs. Has not been well since. Respiration is embarrassed and he has much difficulty in speaking distinctly, owing to a partial paralysis of the vocal chords. Has a troublesome cough and is very thin and nervous.

Please give me treatment for this case and oblige.

Ohio. AN OLD SUBSCRIBER.

ANSWER:—Would put this patient on iodia, teaspoonful three times daily after meals, in alternation with Hagee's cordial of cod-liver oil comp. Feed him as well as the digestive organs will allow, and keep him out in the open air all day. When you have him sufficiently built up, the following is indicated:

℞ Tinct Nuc. Vom .....4 drachms.
Celerina, q. s.....8 ounces.
M. Sig.: Teaspoonful three times daily.

—ED.

The Post-Nasal Douche.

QUESTION:—Is there any douche made which is especially adapted for the post-nasal bath spoken of in article in April BRIEF? If so, where can I procure one? I should think it would be impossible to approach the post-nasal chamber without an especially made douche, but with one the bath might be very beneficial.

Oklahoma. SUBSCRIBER.

ANSWER:—Write to Meyer Bros. Drug Co., St. Louis, Mo., or Sears, Roebuck & Co., Chicago, Ill., for catalogue of physicians' instruments.—ED.

Enlarged Prostate.

QUESTION:—Kindly give treatment for a case of prostatic enlargement in a young man still in his twenties. Suffers from seminal losses during micturition and when at stool. Testicles soft and flabby.

Cal. B. A., M. D.

ANSWER:—Place him upon sanmetto, teaspoonful doses three times a day, and continue its use for some weeks or months if necessary. Keep the bowels open. Regulate his diet and habits.—ED.

[Written for the MEDICAL BRIEF.]

Report of a Complicated Case of Labor-Treatment, Recovery.

BY ROBERT L. DINWIDDIE, M. D.,
San Antonio, Texas.

We can not bring to our attention the consideration of the complications which may follow an apparent normal delivery. When they do occur we have no time to meditate upon the course of treatment, but we must act promptly. I am now speaking of that most lamentable accident, *post-partum* hemorrhage, followed by puerperal sepsis. I now wish to report a case which came near dying from these complications, also the line of treatment followed:

M. H., twenty-four years old, married, primipara; family history negative; personal history, had all the diseases of childhood; began to menstruate at fifteen

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years, regular and normal. Since she has become pregnant, she has had no trouble.

On February 17th, at eleven A. M., I was called, and found her in labor, which progressed very satisfactorily until two A. M. Just before delivery I placed my left hand upon the descending fundus uteri, which seemed perfectly normal, and delivered the child with my right hand, keeping slight pressure with my left upon the fundus.

While attending to the child, I had an old woman to take my place. My attention was called to my patient by the sighing respiration, and I found the old woman had not followed my orders, and the patient was rapidly bleeding to death. I immediately sought the uterus, and found it to be well filled with blood. In an instant I tried to deliver the placenta, but found it was retained by what we call the hour glass constricted uterus. I introduced my hand, with the expectation of clearing the uterus, but I could only go as far as the internal os. With pressure upon the fundus above, and with the right hand pressing the cervix against the symphysis pubis below, I succeeded in limiting the hemorrhage, and finally checking it. I remained in this position for three hours and a half, when I felt the constriction relax. Then I introduced my hand, and swept out the uterine cavity of its contents.

The uterus immediately retracted. I then gave twenty drops ergotol hypodermically, washed out the uterus and vagina with a one to two thousand hot bichloride solution, packed lightly with a ten per cent iodoform gauze, and the hemorrhage ceased.

My patient at this time was almost pulseless, and I immediately gave her subcutaneous injection of a normal salt solution (about a quart), with the addition of stimulants. Prompt response on her part, and the cessation of hemorrhage made me feel greatly relieved.

Upon examination of the external parts I found a deep laceration of the perineum almost to the third degree, which I repaired, and went my way rejoicing. Things moved along nicely; gauze in the uterus removed in twenty-four hours; vagina washed with a one to two-thousand bichloride, and repacked. Bowels moved on the third day after the administration of a dose of castor oil. No bad symptoms. Temperature, 99½° F.; pulse, seventy-eight; appetite and strength returned. Upon the afternoon of the fifth day my patient had a chill, fever, and an offensive discharge from the vagina. Temperature, 104° F.; pulse, eighty-six. Patient very nervous, and complaining of severe pain in the lower pelvic region, and, upon examination, I found a grayish-white membrane covering the raw surfaces of the perineal tear, and emitting an offensive odor. This was due to the giving way of the stitches during the act of defecation a few days before, and subsequent infection.

I then removed the remaining stitches, curetted the surfaces, removed packing from the vagina, and flushed the whole with a hot bichloride solution. The vagina and uterus, after thorough examination, were found to be in a perfectly sweet and normal condition, and there is no question in my mind but what the fever originated at the infected point mentioned above. As my patient was very restless, and suffering much from pain, I gave her a quarter of a grain sulphate of morphia, and left the following:

℞ Quinine Sulph.....30 grains.
Phenacetine.....15 grains.
Caffein Cit.....10 grains.
Capsicum Pulv..... ½ grain.
M. Ft. et. caps. No. 6. Sig.: One every three hours.

Also ten one-tenth grain calomel tablets, with instructions to take one every half hour till bowels moved freely. In addition, milk, soups, beef tea, milk punches, etc., were administered every two hours. For a few days she progressed slowly. The fever would not diminish, and the pulse accordingly was rapid, and she lapsed unto a semi-typhoid condition.

I have never had success that warranted me in jeopardizing the stomach by the use of the tincture of the chloride of iron in puerperal fever, and, therefore, I have refrained from the use of it or any of the coal tar derivatives for the reduction of temperature with the exception of phenacetine, which is given in small doses, and for a short time.

Hydrotherapy I believe to be our best means of reducing fever, and so I resorted to it in this case. The manner in

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which I apply it is in conjunction with brisk massage. Having the patient stripped, and lying upon the bed, I take a piece of ice the size of a brick, and go over half of her body from head to foot, until the ice is nearly all melted, and with a rough towel rub briskly for at least five minutes. Then massage thoroughly, using about two ounces of alcohol. Same operation is repeated until body is thoroughly massaged. This treatment should be carried out twice daily, morning and evening, for at least ten days. Of course, the regular feeding, the toilet of the vagina and uterus and regulation of the bowels are to be attended to. This ice-alcoholic massage is what I wish to more especially direct your attention to in septicemic conditions, besides the value of manual pressure in *post-partum* hemorrhage. The good effect produced by the reaction of the skin, the reduction of temperature, with its soothing effect upon the nervous system, must command your attention. In other diseases, as in typhoid fever, this is my favorite way to reduce temperature. Of course it requires considerable work on your part, but the results are highly satisfactory.

The woman is now in complete health.

It is not my intention to promulgate any new line of treatment in such cases, but to impress upon you the benefit derived from this ice-alcoholic massage.

Woman Automatic Artist.

BY J. W. C. WEST, M. D.,
Gill, Ark.

We frequently are asked, personally or through some medical periodical, is the materni capable of changing or altering the formation of her offspring while yet in the uterine cavity, by malformed objects that may come before her observation?

I herewith give a synopsis of my own judgment and observation on this matter. I feel that the female can be likened unto the artist, and from the earliest months of utero-gestation, or the first formation parts of conception, she can play the part of an artist, and thereby modify the formation of her progeny by malformed objects being presented to her view.

She is a natural artist all combined within herself. She possesses the camera, the lenses, the gallery, and the dark-room (the uterus).

Now, in order that she should complete her work, you only have to place before her (optics or lenses) that subject of malformation which makes a deep and lasting impression upon her (camera the brain), thence by a perfect focus conveyed to the filmy brain she there stamps this object deeply from this point by nervous reflexing channels.

It is carried to the (dark-room) uterus for development, which is brought forth at the expiration of nine months for observation like unto or similar to, the object presented to her optics.

Now, gentlemen, this little sketch of female operations are given for your perusal and reflection, not that I know them to be facts. However, to my mind, she must undoubtedly possess such capacities for artistic work.

Please find enclosed two dollars, for which send your valuable magazine to the above address for another year. I have not received the BRIEF for the past few months, and presume that my subscription has expired.—R. SELLERS, M. D., Grasdale, Trans, S. Africa.

[Written for the MEDICAL BRIEF.]

Infantile Rupture.

BY JAS. W. DAVIS, M. D.,
Allons, Tenn.

In answer to Dr. Rice, B. S., M. D., Udall, Mo., on page 147 February number of BRIEF, will say that I treated one just such case as he describes, except that I bought rubber webbing, made a ball, and adjusted the truss, and only used the spirits turpentine with olive oil. The child is now four years old and is well. This treatment was applied at the age of two months.

In regard to a cure, will say that Nature, of course, takes a hand in bringing it about perfectly, as Nature only needed assistance to complete what she had already begun.

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BATTLE & CO., Chemists,

ST. LOUIS.

I have used Papine and am well pleased with it. I used it in the case of a pregnant anaemic, consumptive. She was so afflicted with a constant and severe and annoying pain in the womb, that she could rest neither day nor night. She could not use opiates in any form, because as she said, of their tendency to relax the system, thereby causing a sensation as of threatened abortion. Papine in this case accomplished all that was desired. I have also used it in other cases and always with satisfactory results.

Norcatur, Kans. C. V. CORNS, M. D.

BATTLE & CO., Chemists,

ST. LOUIS, MO.

Your favor of late at hand. In answer, I tried Ecthol on a case where a lady had a fever sore. I gave same according to your directions, internally and externally. This lady had had the sore for the past seven years. After using two-thirds of the bottle it commenced to heal; in short, in the course of two and a half weeks afterwards, I saw the lady again, and to my surprise, it was entirely healed, and moreover, has never been open since. I honestly believe it will do all for which you recommend it.

Cadott, Wis. C. F. LAHN, M. D.

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James Moores Ball, M.D.,

Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons; Author of "Modern Ophthalmology." St. Louis, Mo.

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E. H. Bartley

B. S., M. D., Ph. G., Professor of Chemistry, Toxicology and Pediatrics in the Long Island College Hospital, Brooklyn, N. Y.; Attending Physician Sheltering Arms Nursery; Pediatrist Bush. Cent. Hospital; Member of Kings County, State Medical, Pathological and Pediatric Societies. Brooklyn, N. Y.

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Henry J. Barnes

M. D., Professor of Hygiene in Tuft's Medical School, Boston, Mass.

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Parker Syms

M. D., Professor of Surgery in the New York University and Bellevue Hospital Medical College; Surgeon to the Lebanon Hospital, etc. New York City.

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Henry O. Marcy

A. M., M. D., LL. D., Late President of the American Medical Association; Late President of the American Academy of Medicine; President of the Section of Gynecology, Ninth International Medical Congress; Surgeon to the Cambridge Hospital for Women; Member of the British Medical Association; Member of the Massachusetts Medical Society, the Boston Gynecological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; Late Surgeon United States Army; Surgeon of Private Hospital for Women; Author of "Anatomy and Surgical Treatment of Hernia," etc. Boston, Mass.

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THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.
Editor and Proprietor

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Editorial.

Success and Failure.

Some of the causes of failure among professional, as well as business men, are restlessness, ambition, and going into other lines of business beside their own. Seventy-five per cent of failures among business men is due to their engaging in other businesses, of which they have no practical knowledge, or making outside investments.

This is true of professional men also. The man, glib of tongue, who goes around and figures out handsome profits on paper, induces other men to invest with him money which is needed in their own businesses. We are all prone to think the other man's business is better than ours. The experience of the world proves that the man who attends strictly to his own affairs, and thinks of nothing else in a business way, who does his full duty as he sees it, is the man who succeeds in life. This truth is illustrated in all the professions and businesses. The master in any line is the man who has confined his attention to his own business, and let all others alone. In fact, it is the great secret of life.

The physician who sets out with the determination to be a good physician will map out a course of conduct, and adhere strictly to it. He gives all his attention to his own department, does his best to get and retain patrons, does everything he can to deserve the good opinion of all as a man and a physician, does not let himself be sidetracked by other issues, does not put money into or engage in other business, declines social invitations which conflict with his duties, refuses to accept any office either political or in a medical organization. Such a man is determined to deserve success, and with ordinary financial sense, is certain to amass a competence, and enjoy the good-will of his fellow-citizens.

The greatest mistake any man can make is to attempt to build one's self up by running down his competitors. Such a course is bound to react upon the man who started the campaign of abuse, and the same time and energy spent in efforts

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to deserve success would go far towards accomplishing the desired object.

One should never allow himself to be put on the defensive by his competitors, and never, under any circumstances, descend to abuse of the other man. The man who abuses his competitors is known to be a man of small caliber and little resource. Such a man never makes a success in any department of life.

Few understand how simple and direct is the road to success. All we need do is to deserve it, suppressing restlessness and ambition, doing each duty as it presents itself, and the rest will follow naturally. This very simplicity leads many astray, yet if we come to examine the methods of any great man or successful enterprise, we always find these principles underlying them.

The doctor who would succeed must give all his attention to his own profession. He must read all sides of every question, refuse to be prejudiced in favor of or against anything, learn self-reliance, curb his ambition, make all the friends he can, charge fair and reasonable prices, neither too little nor too much, but preserve a uniform unvarying schedule. If he does these things he must succeed, unless some accidental or other cause interferes. Such is the man who succeeds in every department of life.

One reason why the BRIEF has been such a great success is that it has never paid much attention to the lies told about it, but has devoted itself to the task of improvement and advancement. As a result, do you know any journal which contains more practical information than the BRIEF? Do you know any journal more ethical than the BRIEF? Do you know any journal more reputable? If you do, say which it is. The miscellaneous assertion of things does not make them true. The BRIEF has succeeded in spite of the lies told about it, because people will soon learn for themselves what is true and what is false.

It is only necessary for the doctor to convince himself of those truths, and act accordingly, in order to be a successful man. If he deserves success he will get it. Above all things, do not speculate, gamble or invest money in other lines of business. Do not abuse your competitor. Stick to your own business. If you think you have made a mistake, and want to change, then abandon your present business entirely before engaging in another. Concentration and earnestness is the secret of all success.

Gout and Rheumatism.

There is a great deal of misapprehension as to the nature and treatment of gout and rheumatism. False ideas prevail as to the cause and continuance of these diseases. The primary cause is a *want of elimination.* The eliminating organs do not do their duty properly.

If you examine any old gouty subject, you will find that neither the skin, kidneys, bowels or liver is functionating adequately. The reason is that he habitually eats more than the system can dispose of. More waste is created than can be eliminated. This excessive nutrition is not properly oxygenated, hence is not reduced to soluble products, but acts as a constant irritant, producing congestions and inflammatory action. Eating to excess keeps the digestive organs in a state of acid fermentation, which gradually saturates the entire system, increasing and perpetuating the difficulty.

The cure of rheumatism is dietetic. It does not matter so much just what a gouty or rheumatic patient eats, provided he does not eat too much. He should not have too much variety at the same meal. Variety tempts to excess. At the same time a one-sided diet is bad. Let the *meals* vary.

Experience demonstrates that vegetables and fruits are of use in improving the standard of the digestive secretions, and aiding the system to eliminate. They give the best results when eaten separately and alone, as in the fruit breakfast and the vegetable luncheon. Cereals have a standard value in the dietary of rheumatism, selecting those which seem to agree best with the individual.

Gouty and rheumatic persons do not take enough exercise to bring the lungs freely into play and stimulate the glandular apparatus of the body, and they do not drink enough water to wash out the channels and tissues, thus aiding the work of elimination. They should let alone alcoholic stimulants, which excite the

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system, and increase its work without in any way lightening the burden under which it is laboring.

Summing up, the successful treatment of gout and rheumatism involves getting the patient to eat less, take more exercise, drink more pure soft water, and fewer stimulants, and to take such remedies as cause the skin, liver, bowels and kidneys to do their duty better.

Lessons of Experience.

Many a doctor owes a debt of gratitude to some one of these maligned proprietary medicines—used by the Saints in the profession as a pretext to call attention to their superior virtues—which has given him a kind feeling towards the entire class. Most doctors can recall a bit of special experience where one or another of those standard remedies has helped him out of a hole.

In the days when the Editor was doing a general practice, he was called in to treat a case of croup which the other physicians had given up. We had just received a sample of Billings, Clapp & Co.'s brown iodide of lime, which we used freely, with the result that the patient recovered. The family was a wealthy and influential one and the successful issue of this case was the greatest help in building up an extensive practice. Naturally, we have always had the very kindest feelings towards this old reliable house, Billings, Clapp & Co., of Boston.

Facts are difficult things to successfully controvert. The doctor who has had experience with standard proprietary medicines—and what practitioner has not?—cannot help being influenced by his experience rather than the assertions of one who is governed by his prejudices, who judges arbitrarily without the necessary experience upon which to base a judgment of any value.

The Common Sense View.

Unfortunately some physicians do not know enough about chemistry to question the statements of the pseudo-scientist. The status of the remedies discovered from time to time in the progress of chemistry must be looked at from a business as well as a professional standpoint. The coming doctor must understand the business side of this question and regard the discoveries and inventions of chemists without prejudice.

For illustration. A doctor has as much right to make money out of an invention as any one else. He should also look with justice on the other people who make inventions in the same line. An idea is prevalent among some physicians that when a manufacturing chemist makes a special preparation, he ought to give his exact working formula. If one thinks about this a little, he sees the great injustice of this idea to the manufacturer. When a man devotes years of study and experiment to extracting the active principles of a particular plant, thus making a special discovery, no one has a right to deprive him of the benefit of it.

Here is a case in point. Some years ago a process for preparing saccharin from coal tar was invented and patented. In patenting the preparation the process was revealed. The result is that several preparations are made by this same process and called different names; it is universally sold, and the inventor made no money out of his discovery.

This is wrong. If he had simply put saccharin on the market, stated what it was made from, but not have given away the process for making, other manufacturers could not have pirated his discovery.

A remedy differs from mechanical contrivances. Chemists should be stimulated to fresh discoveries by protecting them in the enjoyment of the fruits of their labor. If required to paste a label on each bottle, giving the exact working formula, they cannot get any benefit from such discoveries and are thus deprived of the natural incentive to research.

The profession should insist upon knowing the names of the plants from which these active principles, which have proved of so much value in therapeutics, are obtained, but to require the manufacturer to give his exact working formula, or in other words, process, is too much.

To know what the remedies he uses are made from is the physician's right; no reputable manufacturer will deny it; such knowledge is, indeed, the distinguishing mark between patent medicines and

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ethpharmal proprietary medicines made for physicians' prescriptions. But to demand the process of manufacture does not aid the doctor in any way and is a manifest injustice to the manufacturer.

It should be the policy of the profession to stimulate interest and inquiry in organic chemistry. To this end doctors should learn to look at this question from a business point of view, extending to the inventor ample protection of the rights he has labored to establish. In no other way will we obtain reliable knowledge of organic chemistry.

Are Stirred Up.

All the medical Saints are stirred up over the proprietary medicine question. Notwithstanding this fact, there is probably not a single physician in the United States to-day who does not use proprietary medicines. Every doctor must, if he has the interest of his patient at heart, have prescribed phenacetine, bromidia or other standard proprietary medicine.

The doctor is in reality prescribing proprietary medicines every time he specifies the preparation of some favorite manufacturing house. These preparations are just as much proprietary as if they had been given fancy names. It is the process which gives the remedy its excellence; the name merely identifies and protects the product.

Powers & Weightman's quinine is a proprietary remedy in every essential feature. Either because this quinine is more reliable, has made more reputation or for some other reason, many physicians prefer it and so specify in their prescriptions. As a matter of convenience in ordering, it would be better if the makers had given it a fancy name.

The fellows who are raising this howl know that all doctors use proprietary preparations, but they want to pose as Saints. By the way, it is a very nice thing to pose as a Saint once in a while. We all know in our hearts that we are not Saints, but it is very nice to have the other fellow think so sometimes. But when we come to think of it seriously, none of us are very fond of Saints.

One Mike O'Malley applied for a position as coachman, in answer to the advertisement of a friend of ours. Said our friend: "Mike, what are your recommendations?" "Well, Sor," says Mike, "I want to tell you as how I try to serve me employer as well as I can. I try to be a careful driver, Sor, but I want to tell you I be no saint." Our friend said: "Mike, you are the very man I am looking for. My last driver was one of those saints and he paid no attention to my orders."

Now, the doctor really ought to know what the medicines he prescribes are made from, but when he asks the manufacturer to give his working formula, we all know at once that he is posing as a Saint, and the medical profession has had enough of this Saint business.

The doctor should be a practical business man, with a just understanding of the requirements of commerce, and leave the posing for the people who are no good at anything else.

Personalities in Journalism.

It is a well-known fact that the MEDICAL BRIEF never descends to indulge in personalities, or takes an undignified position on any question. We believe that the other fellow has the same right which we claim for ourselves, that of running his business according to his own ideas.

Our old subscribers know that we always say what we think on all subjects which interest or concern the medical profession, without abusing anybody, and we concede equal liberty to others.

In fact, the free expression of his opinion is the inalienable right of every man. No man has the right to dictate to or abuse others whose ideas or methods differ from his own. No one has a right to set himself up as a standard to which others must conform. A man degrades himself, and reflects upon the profession to which he belongs, when he tries to browbeat or coerce others into governing themselves by rules which he lays down. Such a man may deceive others as to his motives, he may even deceive himself in some instances, but such motives invariably emanate from the lower nature.

A man may give his side of any question, but he should refrain from resorting to personalities and similar undignified

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measures in the effort to prejudice his hearers. Making capital by playing upon the passions of people is one of the things which no reputable man allows himself to do, and for which the man of brains has no need.

Study Human Nature.

It is absolutely necessary for the doctor to study human nature in order to make a good physician. A proper knowledge of psychology, of temperament, is a part of every doctor's equipment nowadays. Besides, it affords him so much amusement.

It is great fun to study the mental processes of the holier-than-thou man, the howler, the Saint. Did you ever meditate on the astonishing qualities of heart and head which your competitor displays when he sets out to tell you how to run your business? He is so kind, so superior and so very disinterested. He, of course, only works for the benefit of the profession or of humanity. Do like he says and you will end in the poorhouse sure.

He does love you so and he wants you to be good and do as he tells you. Doesn't it make you smile when he tells you how to run your business? And don't you wonder how he does it? How he manages to keep his face straight? And whether a mosquito ever draws blood from his anatomy?

If you have neglected to study human nature and you let yourself be beguiled into letting him direct you, then when he gets you into trouble, it is "not his affair."

Controversy.

A controversy is never of the smallest value to anybody. It is perfectly proper for any man to give his views on a particular subject, restricting himself to the discussion of things and principles, but nothing can give him the right to become personal in his expressions.

It is a well-known fact that the MEDICAL BRIEF *has never had a controversy with any journal or person.*

The primary object of medical journalism, so far as the journal is concerned, is commercialism; or, in other words, to make money. Its secondary object is to assist the physician in acquiring the information necessary to cure his patients. Its success in doing this last, in making the journal of great practical usefulness to the doctor, adds to the commercial value of the journal.

A medical journal can not exist, can not supply the doctor's requirements for a live, progressive, practical medium of information unless it prospers financially, nor can it so prosper unless it is all of these things.

You would be astonished to know how much the proprietor of the BRIEF has been offered for this journal. But the Editor never expects to sell the BRIEF in his lifetime. It would be like selling a member of his own flesh and blood. For thirty-two years he has watched over the welfare of the BRIEF, writing or dictating all the editorials which have ever gone into it.

So many subscribers have said "dear old BRIEF" in the tenderness bred by long association and approval. We get hundreds of letters saying, "The BRIEF is all right. Keep on as you have always done."

We thank our friends for their interest. We have no intention of getting into any controversy, nor of descending to personalities. Let the other fellow do the abusing. If it makes him happy we are satisfied. As for the Editor he was born tired and happy, and expects to always keep on the same way.

Commercialism.

Commercialism! What fools we mortals be! Commercialism! Why should not a doctor have business sense as well as any other man? Commercialism is exactly what the doctor needs.

In medieval days, when the ruling powers wanted to govern men, the Church was used to hurl anathemas at them. Does it not make you smile to think how Richelieu brought the King to a groveling compliance by threatening him with the anathema of the Church? And the King never once stopped to think that he knew quite as much about what happens after death as the old Cardinal did.

In later days, when the preacher wanted his salary raised, or other concessions he preached endless punishment, and frightened his hearers into doing more for the Church.

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In this modern age, when officials and self-appointed leaders want to govern doctors, they hurl commercialism at them.

If one doctor owes money to another, and that other wants it paid, he is accused of commercialism. If one doctor takes a practice away from another, ethics is thrown at him.

In other words, in spite of the pretended wisdom of the age, we still see men bow down meekly to the Richelieus. It is true this is done less and less all the time as men learn to rely on themselves.

Oh! how the Richelieus do hate the BRIEF, which calls no man master. Does it not make you smile to see how they hate the BRIEF, especially since the BRIEF grows better and better all the time, is so fair, and will not condescend to abuse anybody.

Doctor, think of your family, and train yourself in commercial methods. Be a business man like others.

Who Shall Be the Judge?

A few days ago we were present at a controversy between two medical gentlemen over the merits and demerits of the old practice of bleeding in puerperal eclampsia.

One gentleman said he had seen a medical friend bleed a puerperal patient, and the result was satisfactory. At this the other flew into a rage, and said that a law should be passed to prohibit the use of a lancet to bleed persons.

The matter was then referred to the Editor, who simply said that the results might vary according to circumstances, but that whether good or bad in a particular case, the question must remain an open one, for in this, and similar questions, who is qualified to be the judge?

Men often say that a law should be passed to prevent or to enforce this, that or the other, without stopping to think, Who is competent to judge between two who differ?

In the case above quoted, the Editor had to admit that while the practice of bleeding has gone out of fashion, he has seen cases where the convulsions were stopped by the opening of a vein.

Civilization will make a great stride forward when people get the idea out of their heads that laws must be passed to gratify the whims and prejudices of some.

No man knows enough to say that a law should be passed to prevent or to compel a particular thing. If a thing is really wrong, people will find it out and let it alone. If it is to their benefit, or they want it, they will also learn how to take advantage of it. The mind must be left free to discriminate and select, even though mistakes are the result of its liberty.

Doctors educated in one school of practice are sometimes heard to remark that a physician of another pathy should not be allowed to practice. But who is to judge between them?

We must never forget that one man has as much right to his opinion as another. A man may advance a new idea which startles and offends the prejudices of his neighbor, but if he is not arbitrarily stopped, the evolution of this idea may result in a genuine contribution to science.

We are afraid sometimes that the modern man does not understand this as well as our old-fashioned friends when the republic was newer, and to whom individual liberty was a vital and a sacred thing. They were heartily in sympathy with the old man who remarked that he "Always felt better when all the Legislatures and Congress had adjourned, and were no longer damaging the country's Constitution by the continual passing of fool laws."

It is a fact that we are all too prone to look on carelessly when the other man's ox is gored.

The Tenderfoot.

Did you ever stop to ask yourself how much you can believe of what you hear or see in print for, against or about any person or thing? Did you ever stop to think how much of a particular thing is said for interested purposes? When you open your journal or newspaper and see somebody or something criticized, do you ever stop to think what axe the writer had to grind?

Before believing what is said, do you not think it would be a good idea to form the habit of looking for the axe, finding out who turns the grindstone, whose razor is being sharpened? Do you not think it

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is bad practice to take seriously criticisms of or strictures on either people or things? Here, if anywhere, the benefit of the doubt applies, and the proverbial grain of salt keeps a man from making himself ridiculous.

Did you ever stop to think that most of the criticisms directed against persons or things are written for the benefit of the "tenderfoot," or to advance some particular interest of the writer or his employers?

Are you a "tenderfoot?" Do you belong to that green and unsophisticated class of men who are stuffed and worked, to whom gold bricks are sold, and who credulously swallow everything that is said? Do you recollect the old saying: "Sharpen your razors, boys, a lot of tenderfoots are coming to town."

If not a tenderfoot yourself, do not forget that all the abusive sayings, and all the criticisms are gotten up for his benefit in medicine, politics, and religion.

Beer and Patent Medicines.

It is very amusing to see the fight now going on between the manufacturer of patent medicines and the brewer. The brewer contends that the patent medicine manufacturer makes people drink alcohol in the guise of medicine. It is delightful to witness the art with which he plays upon the susceptibility of the emotional woman, member of the W. C. T. U., until he has this organization all wrought up over the dangers of *drinking patent medicines as beverages* (*!*).

On the other hand, the patent medicine man says that the brewer is educating the people to drink beer by telling them it is a tonic and tissue builder, and that this practice is responsible for the prevalence of Bright's disease in this country.

Both of these parties are making wrong statements. No man is fool enough to drink patent medicines when he can get hold of cheap whisky. Such assertions are bosh of the purest type.

On the other hand, drinking beer in moderation does very little harm. Although the Editor, himself, drinks neither beer nor any other form of alcoholic stimulant, he knows that it is nonsense to say beer causes all the Bright's disease.

Patent medicines do not do the harm they are said to for the reason that, with the exception of a few which have become household remedies, they do not succeed. After an ephemeral existence of a few months or years, the majority pass out of existence and others take their place.

There is no question that less money is made in this than in any other line of business. Nothing succeeds without merit, therefore few of these remedies succeed in making any money. A few, like Pond's extract of hamamelis or castoria, make some money.

The folly of trying to restrain people by law has been illustrated so many times it is strange we do not learn something from all these failures. Educating men and women to take the common-sense view of all such questions is the only practical way of making progress. Education, not law, must solve our problems, remedy our abuses. Such questions do not come within the province of the law. To believe otherwise is childish nonsense.

There is always some fellow on the lookout for sensational topics of discussion, the skillful handling of which will win him the approval of a large class of the community. Hence, patent medicines are in for a drubbing at the hands of those who desire the good-will of the various temperance societies.

An Illustration.

A few years ago some fellow, by a stretch of the imagination, said the MEDICAL BRIEF was opposed to vaccination. This is a lie pure and simple. The Editor has never said, either verbally or in any written way, that he is opposed to vaccination. In fact, he has said repeatedly in the BRIEF, that the evidence so far is in favor of vaccination. Notwithstanding this, at least a half-dozen medical publications have repeated this lie. Therefore, the Editor is satisfied that chasing a lie is a foolish waste of time. Hereafter, we will let the other fellow do the chasing.

The tone and make-up of the MEDICAL BRIEF give the lie to any false or malicious statements which may be made

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about it. Its pages are replete with practical information. The articles are all written by men of experience and attainments. Every position taken by the BRIEF is fair and ethical in the broad sense. The BRIEF does not believe in a narrow, bigoted conception of ethics which would indict a man for daring to think or to act outside of the limitations of an outgrown document.

The character and contents of the BRIEF, its enormous and growing list of paid subscribers, are evidence enough that there is no more fair, ethical and reputable journal published anywhere. Any man who investigates and judges for himself, instead of taking the other man's word for it, must come to the same conclusion.

Facts are stronger than theories. The facts that the BRIEF contains a vast amount of matter of great practical value to the doctor, and that it is growing all the time, are so transparent that we need hardly mention them.

The Fair a Spell-Binder.

The St. Louis World's Fair grows upon the visitor until he is completely fascinated and absorbed. Instead of easily exhausting its possibilities of entertainment and instruction, he is confronted anew at every turn with some worth-while source of amusement or information. Beauty and ingenuity in every variety of form meet the eye. Magnificence, splendor, order, harmony, are on every hand.

From the Building of Anthropology, with its illustrations of primitive implements and occupations, to the Palaces of the Liberal Arts and Manufactures, shows, in a practical way, what progress has done for mankind and how far the human mind has traveled.

In the Palace of the Fine Arts the dreams and visions of the inspired members of the race are "bodied forth" on canvas and in marble.

As we walk among these wonders, the thought ever comes up afresh how much such a Fair as this must accomplish, not only in educating the individual, but in promoting an understanding, good feeling and closer commercial relations between different countries and States.

To the doctor this stupendous Fair has a special interest and attraction.

In the building devoted to Education and Social Economy, various medical institutions of Germany make a very fine and comprehensive exhibit of pathological specimens, some in wax and some preserved in alcohol. There is also a variety of models showing the working mechanism of the more intricate and complex parts of the body. The Germans are very patient and thorough workmen.

The researches of the various life insurance companies into the causes of death, their proportionate relation to each other in various sections, fluctuations, etc., are deeply interesting to the physician.

In the Palace of Liberal Arts the manufacturing chemists of different countries make a fine showing. Our cousins across the water are particularly well represented. There are some very fine and rare specimens of drugs from the Wellcome laboratories. Wm. R. Warner & Co., the Mallinckrodt Chemical Works, of our own city, and others, have superb exhibits. Among other things there is an enormous slab of morphine sulphate, the largest specimen in the world, valued at thirty-five hundred dollars.

The beauty, the purity, the variety of form and nicety of package of all these drugs impress the doctor with a sense of the marvelous progress made by chemistry and therapeutics in recent years. In the same building there is an excellent display of the machinery and appliances used in the complicated art of manufacturing medicines.

All the latest models in surgical instruments and orthopedic appliances, a Roentgen cabinet, etc., can be seen here. The most approved methods of operating are illustrated in several instances. No doctor who keeps his eyes open can fail to pick up many valuable points.

The Department of Ethnology, showing members of different races living their own lives in their own way, is another feature which appeals to the doctor.

There is no extortion at the Fair. Every arrangement has been made for the visitor's comfort. The food is excellent, abundant and prices reasonable. The Pike shows are all moderate in cost. All the

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grand body and substance of the Fair is to be had for the price of admission.

The man who misses this show makes a capital mistake. There has never been, probably never will be, a Fair which can compare with it either in area, contents or manner in which all these marvels are displayed. If you have not been here yet, do not put it off any longer. It is literally the opportunity of a lifetime and will yield a rich return for the small expenditure of time and money required.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys! fine weather for crops. Our own particular crop from now on will be summer complaint, digestive disturbances in general, and fevers.

Listerine, subnitrate of bismuth, and chalk mixture, pepsin and occasionally one of the vegetable astringents, are my dependences for the relief of digestive and diarrheal troubles. If you're called early, it's easy enough to take care of them. Sponging is good to relieve fever, and perhaps a little aconite and ipecac if temperature goes high, with repeated small doses of tincture nux vomica for great weakness.

Be careful as to diet. If you use milk it must be predigested, and do not give much at a time. Often one of the cereals cooked to a pulp, and strained, acts better. It's as well not to give anything just at first, until the system rids itself of the irrigating, fermenting mass inside, and quiets down a little. When the digestive organs are on the rampage, it stands to reason they aren't going to take kindly to fresh food supplies. They've got trouble enough already. Empty 'em, give 'em a little rest, and then they'll act kinder.

Nothing like management, boys.

In typhoid fever, nothing beats the carbolic acid-iodine-ecthol combination. I have mentioned this before, I think, and the longer I use it, the better I like it.

Quinine is the classic treatment for malaria, of course, and the chances are it will never be improved on, but you've got to give it with sense. You want a clean tongue and active secretions. Then you'll get better results from small doses than otherwise from larger ones. The clean stomach quickly absorbs the remedy which acts without disturbance in a clean system.

After using quinine in malaria, it's well to follow with a mineral acid or iron tonic, according to indications. And don't let these patients get constipated or become bilious, else you'll surely have a relapse.

Say, boys, applications of thuja, full strength, several times a day for some weeks will cure lupus of the face. Fact. Try it.

Obstinate cases of gonorrhea, obscure cases of sexual weakness, or irritability or bladder trouble, can often be laid to some abnormal state of the prostate gland. Don't you forget this when you are hunting around in the dark for the cause of the trouble. Don't wait for symptoms directly referable to the prostate. Make an examination, and if you can't learn anything that way, apply the test of treatment.

It's all very well to make fun of empiricism. Most doctors, and their patients, too, are satisfied to get results.

Say, boys, bear in mind that a piece of hot flannel wet with turpentine will work quicker in a case of colic than a hypodermic of morphine, and will be lots better for the patient.

Warts can be cured by the daily application of a few drops of glycerine. Corns and unsightly scars are helped by the same application.

I see podophyllin is being used successfully for the relief of intestinal parasites, and that after calomel and male fern had failed. Well, well. Nothing like experiment for bringing new truths to light.

Nervousness is undoubtedly a disease of the nerve centers, boys, and not simply a symptom. It is influenced by temperament, mental habits, indigestion and so on. The treatment is both mental and by drugs. The use of a harmless preparation to tranquilize and sustain the hypersensitive nerve centers, good mental habits, proper diet, and a bracing moral atmosphere to live in will bring these patients out of the woods.

They ought not to be looked upon as invalids, it makes them so helpless and de-

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pendent, still their lives must be regulated for they are excitable, and under the influence of excitement spend their vitality prodigally. Moderation must be insisted on in everything. Still you mustn't take them too seriously. Keep the treatment and the symptoms and all the rest in the background as much as you can. Give your instructions in a matter-of-course way, yet hold 'em to account.

Nothing like management, eh, boys?

Say, did you know that ordinary commercial petroleum poured on a burn will stop the pain quicker than a wink? Just try it once.

Try chloride of ammonia in chronic cases of neuralgia, no matter what part is affected. Give ten to twenty-grain doses in a vehicle of glycerine and licorice extract, each dose followed by a good drink of water. This is just fine in gastralgia. The addition of fluid extract hydrastis canadensis improves it in some cases, especially where there are catarrhal complications.

For granulated lids there's nothing better than the old standby, yellow oxide of mercury, two grains to the ounce of vaseline. Smear on lightly once each day.

Well, so long, boys. Another time.

[Written for the MEDICAL BRIEF.]

The Influence of Locality in Modifying Physical Structure.

BY G. P. BISSELL, M. D.,
Cloverdale, Ore.

This is a subject of which many facts have been long positively known, but of which no explanation of the reason has ever been given. I propose in this paper merely to collate several facts, hoping that they will arrest the attention of some scientific investigator, who will delve into and explain the cause.

The subject was brought forcibly and personally to my attention some fifteen years ago. At that time I had removed from near the Pacific Coast to the highlands of the Nevada mountains, and had taken with me clothing enough to last me a year or more. My age was about sixty-two. I had always worn pantaloons of thirty inches in seam and thirty-two inches waist. Wanting a pair, I called for a pair of those dimensions, but on trial found that they were too tight about the hips. The waist was big enough. So I returned them, stating that they were wrongly marked. The merchant suggested that my hips had grown, and explained that was the case with all men who came from the coast region to reside there. Every since I have worn pantaloons of thirty-four inches waist, but since returning near the coast think that size a little baggy.

The horses bred in that region have a habit of interfering badly with the hind feet, but when brought near the coast quickly lose that habit.

In some parts of Florida hogs showing any white hairs soon die, while those that are totally black are healthy and thrifty. In Arkansas hogs are prone to lose the cloven hoof and develop a solid hoof.

In a small country of Asia, goats and cats develop a long silky hair. How many generations will that peculiarity continue without renewal of blood from its original source when transplanted to our climate?

What gave the bison his hump?

Georgia in Asia is renowned for producing the most perfect specimens of the human race.

Hindus are black, Europeans are white, yet both belong to the great Aryan family.

Children bred and reared on the Pacific slope show a distinct cast of features from those reared on the Atlantic slope. If this shall continue and increase for a few generations, a casual glance will determine the place of nativity.

In South Africa women develop huge lumps of fat on their posteriors. It is said that white women dwelling there develop the same abnormality.

In one case alone has a reasonable answer been given for these changes. The ancient Peruvians developed enormous lung capacity due to the rarification of the air in those lofty altitudes.

These and a thousand other variations stare scientists in the face; but they make no answer.

J. L. Fennel, M. D., Waterloo, S. C., says: I am well pleased with the BRIEF, and your last issue (July) was a gem. You are doing a noble work.

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[Written for the MEDICAL BRIEF.]

The Diagnosis of Fracture of the Base of the Skull.

BY ARCHIBALD YOUNG, B. SC., M. B., C. M.,

Late Senior Assistant to the Regius Professor of Surgery and Demonstrator of Operative Surgery in the University of Glasgow; Extra Honorary Surgeon, Royal Hospital for Sick Children, Glasgow; Extra Dispensary Surgeon, Western Infirmary, Glasgow; Examiner for St. Andrew's Ambulance Association; Late Surgeon to the Central Dispensary, Glasgow; Late Civilian Surgeon at No. 3, General Hospital, Kroonstadt, Orange River Colony, and No. 17 Field Hospital, Krugersdorp, Transvaal. Glasgow, Scotland.

(Continued from page 544.)

FRACTURES OF THE MIDDLE FOSSA.

The parts involved may include any or all of the following: Basi-sphenoid, great wing of sphenoid, squamous portion of temporal and adjacent parietal, also the anterior and upper parts of the petrous portion of temporal. It is evident that damage to this fossa may involve injury to internal, middle or external ear, and that several important cranial nerves may be implicated. Of these the facial (or seventh) is the most important as an aid to diagnosis, though the third, fourth, fifth, sixth and eighth (auditory) may also be involved.

The most valuable signs of fracture of the middle fossa are (a) rupture of the tympanic membrane, (b) bleeding from the ear, (c) escape of cerebro-spinal fluid from the ear, (d) facial spasm, or paralysis.

The occurrence of injury to the auditory nerve in any part of its course, to the labyrinth, or subsidiary parts of the organ of hearing, may, if demonstrable, give corroborative testimony, but it is always difficult to estimate, and especially so in the early stage when, as likely as not, the patient is stunned, dazed or actually unconscious. It may, therefore, be set aside for the present.

(*a*) *Rupture of the Drum.*—This can be observed—and ought, as a matter of routine, always to be looked for with care—by means of the auroscope. Bear in mind, however, that a rent found in this way may not be a fresh one; *it must be clearly recognized as a recent development.* This is not, as a rule, difficult, an old perforation being usually rounded off at the edges and the drum, showing evidences of old disease. *Also* remember that a *rupture of the membrane may occur without actual fracture of the skull* co-existing, though the probability is that such fractures—just as in the case of the anterior fossa—are commoner than many writers state.

On the other hand, fracture of this fossa *may take place, and yet the tympanic membrane remain intact.*

On the rupture, or not, of the drum depends, as will be seen, the occurrence of the next important sign.

(*b*) *Bleeding from the Ear.*—This is a fairly constant sign in such fractures, and yet it is not a necessary occurrence. As has just been said, *the membrane tympani sometimes escapes damage, and if*

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it does so any blood which is effused into the middle ear is unable to gain exit in the usual way, but *may find its way along the Eustachian tube, and escape from the nostrils or be swallowed quietly, only to be vomited up after a few hours. It is well to keep this in mind, and to examine the orum carefully in any suspected case, also to look for any evidence of blood trickling from the orifice of the Eustachian tube in the naso-pharynx.* Blood escaping from the external auditory meatus is not, it should be said, pathognomonic of fracture of the base of the skull. It is only where it is present in some quantity, and continued for some time that it is strongly suggestive of such a condition. It is worth while to remember this, for, in the case of a patient seen for the first time in a dazed or comatose state, the presence of blood in or about the external meatus is rather apt to be taken as suggestive, or even conclusive, of fracture. It may be from wounds or scratches of the pinna or neighboring scalp, or it may have come from some lesion of the tympanum, or external meatus without fracture.

It is well, therefore, to cleanse the external ear thoroughly, wash away the blood, dry out the canal, and turn the patient over upon the affected side so as to observe any further oozing.

The blood effused in fracture may come from the tympanic artery—in which case it is bright red in color, and not usually in large amount.

More characteristic, however, is the rather darker colored blood which finds exit from the interior of the skull (1) *through the internal auditory meatus and vestibule, or* (2) *through the roof of the middle ear, or* (3) *through the posterior wall of the latter, or of the mastoid antrum. This blood may be mainly from the ordinary durœ and pial vessels, but may come from the superior petrosal sinus, or in part from the sigmoid sinus. The last mentioned usually implies, however, fracture of the posterior fossa.* As a matter of fact, *it is probable that few cases of extensive fracture of the middle fossa occur without some degree of coexistent fracture of the posterior fossa.*

(*c*) *Escape of Cerebro-Spinal Fluid from the Ear.*—Just as in fractures of the anterior fossa, *this may not appear for some days.* I have seen it come on, and become established as a most copious flow, after the expiration of a full fortnight from the date of injury. *When it is present, and clearly established, it is, we may take it, in most cases at least, conclusive evidence of fracture.* In spite of the contention of Miles, of Edinburgh, that cerebro-spinal fluid may find its way out from the interior of the skull by passing along the sheath of the auditory nerve, and through the vestibule, without actual fracture, it is well to regard the occurrence of this sign as indicative of the graver condition. From the point of view of prognosis, in so far as this is likely to be influenced by the adoption of timely and appropriate treatment, this is certainly the most reliable ground to take up.

The fluid finds exit along the same routes as does the blood, and, just as in the case of the latter, an intact drum may lead to its discharge along the Eustachian tube, so also cerebro-spinal fluid may be quietly passed into the naso-pharynx and escape observation, at least for a time.

Further, as in fractures of the anterior fossa the cerebro-spinal fluid must be examined carefully, and distinguished from blood serum, and ordinary catarrhal discharge, so in this case it must not be confused with the liquor cotunnii or the normal secretion of the mastoid cells. Neither of these latter are, however, present in any quantity, while the cerebro-spinal fluid escaping in such injuries is usually abundant.

(*d*) *Facial Spasm or Paralysis.—If the injury to the facial nerve be very slight, there may be merely an irritative effect, producing intermittent or recurring spasm of the facial muscles. Where, however, the nerve is more seriously injured, paralysis more or less profound will be produced.*

If the patient be seen first in a comatose condition, paralysis of the face may escape notice, but will probably be at once noticed when consciousness is recovered.

Remember, also, that facial paralysis in fracture of the base of the skull may occur not merely from actual pressure on, or damage to, the nerve by bone frag-

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ments, but from pressure of blood upon it or from hemorrhage into its substance. In the latter the degree of paralysis is unlikely to be great—at least in the early stage.

Further, in addition to the peripheral facial paralysis on the same side as the fracture, due to involvement of the nerve, it must not be forgotten that a paralysis of the face, of central origin, may be produced, in such injuries, by pressure of blood upon the motor cortex, and this paralysis will, of course, be found upon the side of the face opposite to the side of the skull fractured.

Not only so, but the two conditions may co-exist in one and the same case, where the fracture is limited to one side of the skull only. It may be necessary to distinguish such a case of double facial paralysis from one where the paralysis, if of peripheral nature on both sides, implying damage to both nerves, and therefore, in all probability due to a fracture of the middle fossa, implicating both sides of the skull simultaneously.

FRACTURES OF THE POSTERIOR FOSSA.

These are, by far, the most serious of all fractures of the base. The parts of the skull affected may include any or all of the following: The basi-occipital, the occipital as far up as the inion, the mastoid process, the posterior part of the petrous, and a small portion of the basi-sphenoid. The line of fracture may run into the foramen magnum or encroach upon the middle fossa. Thus, facial paralysis, bleeding from the ear, and escape of cerebro-spinal fluid may occur in some cases.

Considerable damage, however, to the posterior fossa will be definitely indicated by the occurrence of (*a*) *post-pharyngeal and post-aural ecchymosis,* (*b*) *nerve disturbances of ninth, tenth, eleventh and twelfth cranial nerves,* (*c*) *certain grave symptoms of damage to, or pressure upon, cerebellum, medulla, pons, etc.*

(*a*) *Ecchymosis—post-pharyngeal, post-aural, and down the side of the neck.*

This is not always present in any of these situations; or it may be present in one region and not in the others; in some cases all three may occur. The ecchymosis into the post-pharyngeal tissues may readily be observed through the mouth, and at times there may be found, in addition to the ecchymosis, actual bearing of the pharyngeal mucous membrane. This may be found only on posterior rhinoscopy, and should be looked for with care, as it makes the fracture a compound one, and, therefore, all the more serious. It should be remembered that this sign may occur, though much less often, in fractures of the middle fossa.

(*b*) *Nerve Symptoms.—The special cranial nerves involved are, as noted above, the ninth, tenth, eleventh and twelfth.*

As in fractures of the middle fossa, the symptoms may be either irritative or paralytic, the effects varying accordingly. If the nerves are merely irritated the result is seen in disordered function, anomalous sensory effects, or spasm. If the damage is more serious, complete loss of function ensues.

Thus there may be interference with the sense of taste, laryngeal trouble, respiratory or cardiac irregularity, spasm or paralysis of the sterno-mastoid or trapezius (spasmodic torticollis, etc.), spasm or paralysis of the muscles of the tongue, and so on.

(*c*) *Symptoms of damage to, or pressure upon, the cerebellum or basal ganglia.*

These are characteristic, and may include ataxy, respiratory or circulatory difficulty, "Cheyne-Stokes Breathing," forms of "crossed paralysis," difficulty in swallowing, nystagmus, etc. It is the possible grave damage to the medulla and the respiratory and circulatory centers in the region of the floor of the fourth ventricle that makes fracture of this fossa so much more serious than fractures of the other fossæ.

The mortality in fractures of the base of the skull increases, in fact, from before backwards, the fractures of the anterior fossa being attended by much lower mortality than the others.

CONCLUSIONS.

From what has been said it will be seen that, in all probability, many cases of fracture of the base of the skull go unrecognized. It will also be seen that, probably, many injuries regarded, and

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treated throughout, as comparatively trivial, ought really to be included amongst such cases.

It ought to be laid down, then, *almost as an axiom, that every "head injury" should be regarded seriously*, and that, until the expiration of a sufficient period, the possibility of fracture of the base of the skull should not be held to have been completely eliminated.

The examination should always be searching and careful. Further, it will be well to bear in mind that a large proportion of such fractures are compound, either externally, or upon the nasal surface, through the pharyngeal wall, the internal or middle ear, or through the wall of the mastoid antrum. The importance of remembering this, and of its early diagnosis, ought to be obvious. If a compound fracture of a long bone calls imperatively for very special care in treatment, much more so does a compound fracture of the skull.

It is pre-eminently in those undiagnosed cases of fracture of the base of the skull, where the fracture is compound, that one sometimes meets the most unfortunate and serious sequelæ in intracranial sepsis, meningitis, abscess formation, etc., or in "anchoring of the brain," epileptiform seizures, and disastrous mental effects.

It may be pointed out of course, that in this survey only the more characteristic symptoms and signs have been mentioned.

Many other possible occurrences might have been detailed, but they depend on the presence of secondary or additional elements, such as concussion, brain laceration or contusion, compression effects (from bone or blood), co-existent fracture of the vault, and intra-cranial infection.

A reference to any or all of these possible concomitants is beyond the purpose or scope of this paper.

The special object has been to emphasize a number of the more practical points in the routine investigation of such injuries, in the hope of encouraging the exercise of more care in the examination and disposal of many cases hitherto regarded—erroneously, as I believe—as quite trivial and unimportant.

Early, accurate and rational diagnosis will, in this as in all other branches of the healing art, ever point the way to the most appropriate and effective treatment.

[Written for the MEDICAL BRIEF.]

The Operative Treatment of Cirrhosis of the Liver.

BY WILLIAM MURRELL, M. D., F. R. C. P.,

Physician to the Westminster Hospital; Lecturer on Clinical Medicine and Joint Lecturer on the Principles and Practice of Physic. London, England.

(Continued from page 546.)

The history of the operation for the establishment of a collateral circulation in cases of cirrhosis of the liver presents many points of interest. Talma, of Utrecht, suggested it in 1887 or 1888, but published nothing until many years later. Van der Meulen performed the operation in 1888, but the patient died in a few hours from shock. Lens operated, on June 6, 1891, at the Military Hospital, Paramaribo, Dutch Guiana, on a negro, aged sixty-one, named James Charles Anon. There was an alcoholic history, and the diagnosis was "cirrhosis hepatis atrophica." He had well-marked ascites, and suffered much in consequence from dyspnea. His pulse was weak and frequent, and his general condition was unsatisfactory. An incision was made to the right of the umbilicus, and a fold of the omentum was attached to the edge of the wound with thin silk. The wound healed by first intention, there was no elevation of temperature, and the patient felt quite well a few days after the operation. The ascites returned, and the patient had to be tapped several times, although the intervals between the tappings increased as the collateral circulation improved. The patient died on November 24th, apparently of general weakness. At the *post-mortem* examination it was found that the blood vessels were greatly increased in size, and that the omentum was "thick and rich in blood." The paper is entitled: "Hechting Van Het Omentum Majus aan den Buikwand bij Cirrhosis Hepatis Atrophica," and is dated December 31, 1901. It is illustrated by two blocks from

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photographs showing the *post-mortem* appearances. The article, although republished in pamphlet form, attracted very little attention, and copies of it are rare.

David Drummond, of Newcastle-on-Tyne, independently conceived the idea of the operation, and it is to him and his colleague, J. Rutherford Morison, that we are indebted for making the suggestion in a form to ensure its general adoption, and for placing the procedure on a firm scientific basis. Morison's first operation was on September 3, 1894; his second on October 22, 1895, and the third on January 12, 1897.

Professor Talma operated on a boy, aged nine, suffering from enlargement of the liver and spleen, with ascites and kidney mischief. There were three operations. In the first laparotomy the exploratory incision was followed by gaping of the wound and prolapse of a portion of the omentum, which had to be excised. In the second operation the remainder of the omentum was stitched to the abdominal parietes. In the third operation the inferior margin of the spleen was tucked in between the skin and the peritoneum. The patient made a good recovery, and a year later was active and well. The title of Talma's paper is "Chirurgische Oeffnung neuer Seitenbahnen f. das Blut der Vena Porta," in other words, "The Surgical Opening of a New Side-track for the Blood of the Portal Vein." Talma published two papers dealing with the operation, one in 1898 and the other in 1900. He appears not to have been the actual operator, but to have delegated the duty to his colleagues, von Eiselberg and Narath.

Warrington Haward, in August, 1897, operated on a woman, aged forty-nine, the subject of calcification of adherent pericardium, enlargement of the liver from chronic congestion and ascites. The relief was temporary, and the patient died a year later. Dr. Ewart showed the specimen at a meeting of the Harveian Society of London on April 6, 1899.

Alfred Egon Neumann, of Berlin, on November 2, 1898, operated on a woman, aged forty-five years, with an alcoholic history, who presented an abdomen distended with fluid, and a liver which was hypertrophied, hard, and smooth. In the following January she was gaining flesh, the liver was smaller, there was no ascites, and there were well-developed veins about the umbilicus.

Robert F. Weir, of New York, operated on November 4, 1898, on a man, aged forty-three, a wine taster, with a marked alcoholic history. The liver dullness extended three and one-half inches below the ribs, and the spleen was much enlarged. He had been tapped many times. The omentum was stitched on each side of the abdominal wound with cat-gut sutures. In addition the antero-superior surface of the right lobe of the liver, the corresponding diaphragmatic part of the peritoneum and the parietal peritoneum adjoining the wound were freely scraped with the sharp point of a steel hatpin. The patient did well for three days, but his pulse then rose, and he complained of much pain in the lower part of the abdomen. He died on the fifth day, and at the *post-mortem* examination extensive peritonitis was found, especially in the pelvis.

Dr. H. D. Rolleston and Mr. G. R. Turner have recorded two cases operated on at St. George's Hospital, London. The first, in July, 1899, was in a man, aged forty-five, in whom there was an old history of syphilis. There was ascites, and the spleen was enlarged, but not the liver. The patient derived much benefit, and six months later was alive and well. The second patient was a Frenchman, aged fifty-two, who had indulged freely in *vin ordinaire*, and who had ascites. The operation was performed in July, 1899, and in the following November he was in bed with distended abdomen and edema of the legs.

Tilden Brown, on September 2, 1899, operated on a man, aged forty-three years, who had been a habitual user of alcohol for many years, chiefly in the form of whisky. A five-inch incision was made between the ensiform cartilage and the umbilicus, and a two-inch incision above the symphysis pubis. Through the lower wound a glass tube one and one-fourth inches in diameter was passed into the pelvis behind the bladder. Capillary drainage was provided for by sterile gauze led through the tube. Vomiting was troublesome for the first forty-eight

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hours, but was controlled by champagne. The patient made a good recovery.

In November, 1899, Grinon operated on a woman, aged forty-seven years, with good results, there being a marked venous development on the abdominal wall; and in the following year Bossowski performed the operation on a girl, nine years of age, the subject of cirrhotic liver.

Mr. Walter G. Spencer operated on the first of my cases on February 20, 1900, the patient being a girl, aged twenty. She made a good recovery, but the ascites gradually returned, and she died on July 31, 1901. Spencer operated on the second of my cases, one of alcoholic cirrhosis, on October 29, 1901. She was able to get up on November 22d, and was discharged apparently well on November 30th. She was readmitted on December 24th, with some ascites, but no further operation was considered necessary. On January 10, 1902, she was comfortable, and the amount of fluid was not great. My third case was a woman, aged fifty, with an indefinite alcoholic history, and a slightly nodular liver with ascites. Was operated on by Mr. Spencer on November 25, 1901. She made a good recovery, and on January 12, 1902, having been given an abdominal belt, she was able to resume work. These were my first cases, but since then Spencer has operated for me many times.

Frazier, of Philadelphia, on July 25, 1900, operated on a man, aged forty-five, who had contracted syphilis some years previously, and who had always indulged freely in alcohol. He was not a very favorable subject, for in addition to enlargement of the liver and with spleen ascites, he had a systolic murmur audible over the whole precordia, whilst the urine contained a trace of albumin, with a few pus and blood cells. The author endeavored to perform the operation under a local anesthetic, but after opening the peritoneal cavity the manipulation caused so much pain that ether had to be administered. Convalescence was uninterrupted, but the patient suffered no ill effects. An account of this case was read before the Philadelphia Academy of Surgery in December, 1900, and the patient was then no longer bedridden, and was able to get out daily.

Packard and Le Conte, of Philadelphia, operated on two cases, both on October 13, 1900. Their paper is interesting, and to it is appended a list of twenty-two collected cases.

Mr. C. W. Mansell Moullin operated in five cases. Two of the patients died, one from pleurisy four weeks after the operation, and the other one week after the operation from exhaustion. The other three patients were discharged relieved; one was lost sight of, and the other two were alive and well two years after. Amongst the more recent contributions to the subject may be mentioned a valuable paper by Professor H. Ito and Dr. K. Omi, of the University of Kioto, Japan, in which they record their own personal experiences in five cases, and append a bibliography of no less than seventy-five references.

George Emerson Brewer, of New York, operated on four cases. In the first, that of a woman, aged fifty-six years, suffering from cirrhosis and ascites, the upper surface of the small nodular liver and the outer surface of the spleen, together with the opposing parietal peritoneal surfaces, were vigorously rubbed with sterile gauze until they bled freely. The peritoneum on each side of the abdominal wound was also rubbed in the same way, and the omentum was drawn down and firmly held in contact with the denuded surface by means of sutures which closed the abdominal wound. She died two days later from uremic coma. The second operation was on a woman, aged forty-eight years, with cirrhosis and ascites. The mode of procedure was practically the same as in the previous case, but there was a good deal of oozing of blood from the surface of the liver and spleen, and the patient died in less than twenty-four hours. The third case was that of a man, aged forty years, and he died at the end of five days from peritoneal sepsis. The fourth case was in a man, aged thirty years, with a small, hard, nodular liver, and a much enlarged spleen. He died a week after the operation from peritonitis. The last case was in a man, aged forty years, who had tuberculous consolidation at the left apex with cirrhosis of the liver and ascites. It was apparently a very unfavorable case, but he made a good recov-

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ery. The author seems to have been unfortunate, there being four deaths out of five cases, but possibly the cases were not selected with sufficient care.

Since the publication of these cases, the operation has been performed many times with notable success, and it is steadily increasing in favor.

The operation itself presents no difficulty. The patient having been placed under an anesthetic, an incision is made in the median line about two inches below the umbilicus, and a large glass tube is introduced so as to drain off most of the fluid. A second incision is then made also in the median, about two inches above the umbilicus, and the finger is introduced to ascertain the condition of the adjacent abdominal viscera. If there is nothing pointing to the presence of malignant disease, a portion of the omentum is secured by kangaroo stitches to the margins of the wound. If antiseptic precautions are strictly observed there is little or no constitutional disturbance, the temperature remains normal, and in due course the superficial veins are noticed in process of formation in the anterior wall of the abdomen. The glass tube is retained for some days, so that the abdominal cavity may be completely drained. There is, as a rule, no return of the ascites, and in favorable cases the patient makes a complete recovery. The danger of the operation in suitable cases is small.

Much depends on the careful selection of cases, and the following are the chief indications:

1. The disease must not be too far advanced, that is, the liver cells must not be too greatly impaired in their functional capabilities.

2. There must be no unreasonable delay in operating.

3. The best results are obtained in the pre-ascitic stage, when the diagnosis rests on the alcoholic history with hematemesis and alteration in the size of the liver.

4. Good results may be anticipated when the liver is atrophic, and there is a fair amount of ascites.

5. When there is a history of syphilis the patient should be given full doses of iodide of potassium with inunctions of calomel, but should there be no improvement in three weeks, further postponement is unadvisable.

6. Tuberculosis of the liver is not uncommon in connection with cirrhosis of the liver; but even should it exist, opening up the abdominal cavity is more likely to prove beneficial than to do harm.

7. If there is carcinoma, the operation is contra-indicated. In cases of doubt a small incision should be made in the middle line above the umbilicus sufficient to admit the finger, for the purpose of exploring the condition of the adjacent viscera. If carcinomatous deposits are detected the operation should be abandoned. Malignant disease of the liver is mostly always secondary.

8. The operation should be performed under a general anesthetic.

9. Many patients with cirrhosis of the liver have a soft apex systolic murmur, but this is not a bar to the performance of the operation, nor is the presence of a trace of albumin in the urine.

[Written for the MEDICAL BRIEF.]

Tuberculosis a Thing of the Past.

BY JOSEPH PRIESTLY, B. A., M. D., D. P. H.
Medical Officer of Health; Borough of Lambeth, London, England.

(Continued from page 549.)

HEALTH RESORTS AND TUBERCULOUS VISITORS.

An interesting side-light on the infectious nature of the disease is to be found in connection with the hotel keepers of the south of France health resorts, as pointed out recently by the *British Medical Journal*. Such resorts (Mentone, Cannes, Nice, San Remo, etc.) practically came into being to supply a demand for rest and treatment, made by consumptive patients. Large hotels, consequently, sprang up, whither the weak-chested of all nations repaired—including the tuberculous and non-tuberculous. The infectious nature of tubercle was not then known (not even suspected) as it is to-day. More and more patients, and with them large numbers of fashionable and wealthy people, flocked to these centers of perennial sunshine, away from the cold and fogs of England, and the different health resorts became famous and popular.

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Mentone and Cannes are particularly noticeable in this respect. What is the position to-day? Mentone has circularized the world, stating that in future no tuberculous cases will be received in her hotels, the object of the circular being to retain, if possible, the aristocrats and wealthy patrons, and even a fair number of invalids (real or imaginary), but to eliminate the infectious ones. This is the natural result of the world's education. The infectious nature of tuberculosis being acknowledged, persons become more and more frightened of "catching" the disease from their neighbors. Tuberculous and non-tuberculous patients will not intermingle as in former days. Hotel keepers are simply human. They kick down the ladder by which they have risen to fame.

2. PREVENTIVE MEASURES.

The infectious nature of the disease being admitted, the question of isolation naturally follows—not strict isolation, such as is required in small-pox, scarlet fever and diseases of that nature, but a sort of what may be termed "modified isolation." The expectoration, or phlegm, is the chief (if not sole) cause of personal infection in consumption, and preventive measures are based principally on such knowledge. What is chiefly necessary is to prevent this expectoration being promiscuously spread about, and this can readily be accomplished by a complete destruction, or an efficient disinfection of the expectoration after collection.

A. ISOLATION AND SANATORIA.

Strict isolation of the patients is not necessary for such a purpose, and the "modified isolation" is coming to the fore in the form of sanatoria, wherein there is at work also a useful educative process as to the true infectious nature of the disease, and the consequent simple precautionary measures that can be taken individually by the sufferers themselves. Further, it is now known that fresh air and sunlight are inimical to the germs of this disease, and, consequently, the open air treatment in such sanatoria is much favored. A sanatorium suitably placed on open, airy and dry (well-drained) land, and situated so as to obtain the maximum amount of day- (and sun-) light is, therefore, a useful (if not indispensable) provision from a point of view not only of isolation, but also of education and treatment. In fact, the isolation value takes third place compared with those of education and treatment. In this connection, to save the large expenses connected with the building of special sanatoria for consumptives, existing isolation hospital accommodation is being used by some sanitary authorities, and where such hospitals are suitably situated, much good must accrue from such a use. Patients suffering from consumption are taken into isolation for periods varying (according to local circumstances) from one to three (or more) months, during which time they become educated in the infectious nature of the disease, the simple necessary preventive measures, and the prophylactic value of fresh air and sunlight, whilst their general health and vitality are much improved, and the disease arrested thereby, at least in part. During the patients' absence from their homes, too, the necessary disinfection and cleansing of rooms, etc., can be efficiently carried out. The value of a sanatorium must be viewed from three separate standpoints, (1) isolation, (2) education, and (3) treatment; and the standpoint of education would appear to be the most important, taking every consideration into account. It is true that, in its very early stages, the disease may be permanently arrested by prolonged open air treatment, but such a treatment (except for the well-to-do) is a practical impossibility. It is true, also, that to permanently isolate away from the general population all consumptive patients might lead to the stamping out of the disease, but such isolation is impossible from a point of view not only of expense, but also of practicability, on account of the large numbers of consumptive patients at present throughout the country, and the deep-rooted feeling against compulsory isolation in such a disease. The greatest value of a sanatorium is, therefore, an educative one, and this view must not be lost sight of.

London is at present seriously considering the question of the Metropolitan Asylum's Board (the Metropolitan Hospital authority for infectious diseases)

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being asked to provide sanatoria for the treatment of London consumptives, and the Society of Metropolitan Medical Officers of Health have approved of such a course being adopted, and have, further, suggested that, as a trial, the Gore farm hospitals (originally built, but no longer required, for small-pox purposes) might be used temporarily as sanatoria wherein consumptive patients could be received for short periods, such patients being carefully selected by the various medical officers of health in regard to home surroundings, stages of the disease, etc. Such a suggestion, if properly given effect to, must result in great advantage to the public health of London; and the London experiment (if tried) will be watched by all other large cities and towns. At present, the London consumptives are distributed amongst the hospitals (general and special), and the workhouse infirmaries, and their homes which are, more or less, unsuitable for the effective carrying out therein of the necessary preventive, prophylactic and educative measures. It is clear that to remove from amongst the general population (even for a short time) a small number only of persons who are disseminating broadcast, daily and hourly, the germs of consumption, must do good, whilst the educative and prophylactic values of such action will be admitted by all as incontrovertible. Not only does this apply to London, but elsewhere.

PREVENTION OF INDISCRIMINATE SPITTING.

The present discrimination of infective (tuberculous) sputum (molecular infection or otherwise) is the *crux* of all preventive measures against consumption, and the crusades against indiscriminate spitting (which is a filthy, disgusting and dangerous habit) are becoming more wide-spread daily. By-laws are being passed by different authorities prohibiting spitting in all places of public resort (churches, theatres, etc.), on tramways, in railway carriages and omnibuses, etc. Manchester, Liverpool, Glasgow, and the Glamorganshire and London county councils may be mentioned in connection with the British Isles, though many towns in the United States and Canada (as also in France, Germany, Austria and Hungary, and other continental countries) are much ahead in this respect. In parts of America, spitting (as such) is a punishable offense. It has already been mentioned how the bars of public houses cause a dissemination of the tubercle germs by virtue of the large amount of spitting that takes place therein; and how, consequently, those servants, whose duty it is to cleanse out the bars in the early mornings, suffer out of all proportion (compared with other occupations) from phthisis, or consumption of the lungs; also the early frequenters of bars, too, suffer greatly from the same disease, *e. g.*, costermongers, etc. The object of all such by-laws is a definite one, and the same as the provision of sanatoria, viz.: to limit the amount of consumptive-infected dust, which is being daily formed and scattered throughout the world. Patients who have been treated in sanatoria return to their homes educated in the danger of tuberculous sputum, and conversant with the simple methods of preventing such dangerous sputum from causing the spread of the disease to others. Further, their healths, whilst in the sanatoria, improve, and their vitality and powers of resisting are considerably increased, if not the disease itself (in part, at least) arrested; whilst their homes can be disinfected and cleansed efficiently pending their return there. Such are the principal direct and indirect advantages of sanatoria for the treatment of consumptives, and of by-laws against spitting.

The "scattered" system for sanatoria is the best, *i. e.*, châlets (or bungalows) as against large hospital buildings.

C. GERMAN SANATORIA.

Germany is much ahead of England in regard to the provision of sanatoria, many such having been established with great success there by State insurance (workmen's) associations. Indeed, such is the success that it is suggested that friendly societies in Britain should combine to form a company for the provision and maintenance of sanatoria for the use of their members, who would be thereby benefited financially and otherwise. That some such scheme is needed will be admitted when the ravages of tuberculosis

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amongst (say) the Foresters or Odd Fellows are considered, ravages amounting to the large total of over one thousand deaths *annually* in either society. Counting in all friendly societies, there must be a very large suffering population calling for action on the lines laid down by Germany, where such a scheme amongst the working classes (under State management) has helped to bring about a phenomenal drop in the tuberculous death rate of ten per ten thousand during the last five years (1898-1903). Infected workers make early application for admission. Pending action on the German lines, the British National Conference of Friendly Societies has already decided to distribute simple literature amongst the members, dealing with precautionary measures to be taken against consumption—a conference representing about three million adults and six hundred thousand children. Meanwhile a deputation has been formed to visit Germany, and see the good work being carried out by the State (German) Sick Insurance Department, in conection with which sanatoria have been built to which consumptive patients are sent, their families being maintained (as required) meanwhile. It is stated that the cost of treatment for each case in this way is less than corresponding sick pay for two and one-half years would have been.

In England the cost of sanatoria may be stated (roughly) as £200 to £300 per bed, with an additional cost for maintenance of 5s. to 6s. 6d. per patient per day.

The important question is, what is to be done with patients who are greatly improved, if not cured, by open air treatment in sanatoria? As to the value of fresh air and sunlight, supplemented with regular living and careful (full) dieting, in consumption treatment there can be no two opinions, as there can not be in regard to the danger of allowing patients (after such treatment) to return to their homes with the well-known insanitary surroundings and unhealthy conditions. What is required for such patients is light and suitable employment out of doors. They must, in any case, become outdoor, and not indoor, workers for the future. Acting on these lines, the suggestion has been made to establish farm colonies in connection with sanatoria, so that the benefits to health received at the latter may be continued at the former, The subject is one deserving of careful consideration by all those who wish to see the sanatorium treatment of consumption a practical and financial success. So important is this after-treatment or after-care of sanatorium-treated patients that no sanitary authority would be justified in incurring expenses out of the rates for the building of sanatoria pure and simple without providing also some such scheme of farm-colonization (or other equally efficient scheme) as I have suggested above. Sanitary authorities must grasp this view of the question, as it is to be feared that practical results will prove disappointing.

D. NOTIFICATION OF CONSUMPTION.

Intimately connected with the question of sanatoria is that of notification of the disease. On theoretical grounds, *compulsory* notification of consumption is necessary, so that the habitat of the disease may be known; and, indeed, without such knowledge, it would appear to be practically useless to attempt the eradication of the disease. The question that arises is, "Are people educated sufficiently in the nature of the disease to warrant *compulsory* notification?" Many sanitarians think not, and a *voluntary* system is the one generally adopted—voluntary notification (complete or partial), *e. g.*, the payment of a fee to any registered medical practitioner who gives notice to a sanitary authority of any patient suffering from (*a*) tuberculosis, (*b*) consumption of the lungs (phthisis), (*c*) phthisis with expectoration, (*d*) tabes mesenterica with (or without) discharge, etc. The importance of the cases being diagnosed bacteriologically, as well as clinically, goes without saying. Such a system of *voluntary* notification is to be found in many large towns and cities of Great Britain and America—New York being the pioneer in this direction, as far back as 1893 (compulsory since 1897), and is proving highly successful and important, with the result that the good example set is being quickly followed in all those districts where efficient sanitary adminis-

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tration renders it practicable to adopt the necessary consequential measures. The uses of such *voluntary* notification may be classified as follows (*compulsory* notification would naturally be more useful):

1. To find where the disease exists, and so bring precautionary (and other) measures to bear thereon.

2. To disinfect and cleanse, as required.

3. To remedy existing insanitary conditions, *e. g.*, overcrowding, dirty premises, etc.

4. To investigate the different sources and channels of infection.

5. To investigate the surroundings of the sufferers, both at home and at work.

6. To follow the course of the disease in the different persons notified.

The notification of this disease is *compulsory* in Norway and Saxony, as well as in New York.

E. DISINFECTION, OR DESTRUCTION OF INFECTED MATTER.

Having dealt with notification and isolation, the subject of disinfection naturally follows as an important preventive measure. Rooms in which consumptive patients live, or have lived, should be efficiently disinfected and cleansed, and for such a purpose a solution of chlorinated lime (one and one-half ounces to the one gallon) is, bacteriologically, all sufficient, used as a wash on walls (that have been previously rubbed down with dough, on the Esmarch principle), ceilings, floors, etc. Clothes are best disinfected by (*a*) saturated steam (by the sanitary authority), or (*b*) boiling (at the patients' homes). Destruction of tubercle-infected sputum is the most efficient and easiest method of dealing with it.

In proportion as the personal habits of patients are careless, so the need for careful home disinfection is greatest, as a large amount of highly infectious dust collects therein (dust and dirt mixed with infected sputum). The necessity, too, for a careful collection of all infected expectoration, or phlegm, must be emphasized —such collection being made into (*a*) specially devised pocket (or other) spittoons, or (*b*) paper handkerchiefs (to be afterwards burnt).

F. GENERAL PREVENTIVE MEASURES.

General preventive measures may be grouped as follows:

1. Improved sanitation, *e. g.*, better lighting and ventilation; provision of open spaces; removal of slums, and the opening up of congested (crowded) areas; lessening of overcrowding, or of even crowding (whether of persons in houses, or of houses over area); municipal and personal cleanliness; better housing of the people; etc., etc.

2. Temperance, *e. g.*, alcoholic or otherwise, remembering that alcoholism is the most powerful (indirect) factor in the spread of tuberculosis, the mortality from this disease increasing proportionately with the amount of alcohol consumed.

3. Food, *e. g.*, wholesome and cheap. Etc., etc., etc.

These general measures act indirectly by raising the vitality or resisting powers of persons, thereby protecting them against the inroads of this (and other) diseases. By such measures alone, London (it will be seen from the tables) has already reduced her consumption death rate (male and female) in fifty years (1851 to 1902) from two thousand seven hundred and seventy-four to one thousand seven hundred and fifteen deaths per million living, *i. e.*, thirty-eight and two-tenths per cent; and England and Wales, during the same period, males from two thousand five hundred and seventy-nine to one thousand three hundred and seventy, and females from two thousand seven hundred and seventy-four to one thousand and sixty-seven, *i. e.*, forty-six and nine-tenths per cent and sixty-one and five-tenths per cent, respectively. The remaining percentages should disappear during the next fifty years, as the result of special preventive measures now being also taken.

G. CONCLUSION.

Taking these *general* measures in conjunction with the *special* measures (already dealt with), for the prevention of the spread of the tubercle bacilli, we may reasonably expect that, by such means, tuberculosis will become a thing of the past. To have prophesied thus even ten years ago would have been to "cry in the wilderness;" to-day, it is an opinion with which many will be found to agree,

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and which but few will be bold enough to absolutely refute. Though the writer of this article can not hope to see personally such a consummation, some of the younger readers of the MEDICAL BRIEF may, and I certainly think, will. So preventive measures, and scientific knowledge, progress by leaps and bounds, and the visions of the dreamer become in the fullness of time the common facts of everyday life. *Sanitas sanitatum, omnia sanitas; et salus populi, suprema lex.*

[Written for the MEDICAL BRIEF.]

The Diagnosis of Iritis.

BY JAMES MOORES BALL, M. D.,

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St. Louis, Mo.

I am led to write this paper for the MEDICAL BRIEF for the reason that not a few medical practitioners do not know how to make a diagnosis of inflammation of the iris.

Iritis may be congenital or acquired; idiopathic or traumatic; primary or secondary; acute or chronic; simple or complicated. It is a disease of great importance to the patient, to the general practitioner, to the syphilologist, and to the ophthalmologist. If recognized early and treated properly, satisfactory results will be secured in the vast majority of cases. If wrongly diagnosed, or improperly treated, the most unfortunate sequelæ may, in fact, *will* ensue. Almost any physician can be trusted to treat iritis properly—after the diagnosis has been made.

Symptoms.—In idiopathic iritis the subjective symptoms are pain, dread of light and loss of vision. The objective signs are weeping, congestion of the tissues around the cornea, a sluggish or immobile iris, and a change in the color and form of the iris. When inflamed a blue iris looks greenish, and a brown iris appears reddish-brown. If a mydriatic (two drops of atropine, three grains to one ounce) is used adhesions will usually be seen binding the iris to the capsule of the crystalline lens, thus making the pupil more or less irregular. However, the pupil may be round, and yet inflammation of the iris be present. In such a case, if light be concentrated on the pupillary area by means of a convex glass, pigment spots will be seen on the lens-capsule. This is because of the anatomic fact that the posterior layer of the iris is the pigment layer, and it is normally separated from the lens-capsule by a very thin water-bed.

The pain in iritis is referred to the parts of the orbit where the nerves pass out (supra-orbital, infra-orbital) to the temple or, as often occurs, to the side of the nose corresponding to the course of the nasal nerve. The pain in iritis is often worse at night or in the early morning. Pain, however, may be entirely absent in iritis; on the other hand, it may be of excruciating severity. An eye suffering with iritis is painful on pressure. This is particularly true of a spot located about two millimetres behind the junction of the cornea and sclera under the middle of the upper lid.

There is more or less loss of vision in iritis. In those types of iridal inflammation in which the aqueous humor becomes turbid, or the pupil becomes filled with an exudation, the loss of vision is correspondingly great.

In iritis the accommodative power (*i. e.*, the power of seeing distant and near objects distinctly) is impaired.

On inspection the iris is seen to have a muddy look, its luster is absent, and its tissue appears swollen. The thickening of the tissue is very great in the syphilitic type. The change of color, due to hyperemia and inflammatory products, causes a blue iris to appear greenish and a brown one to look reddish-brown. The pupil is small and reacts to light slowly or not at all. The zone of redness around the cornea is deeply seated, as it is in any serious inflammation of the anterior segment of the globe. There is photophobia and abundant lachrymation. If these symptoms are present, and the tension of the eye is not increased, the practitioner will be justified in the use of a mydriatic. A one-half per cent solution of atropine, or a solution of scopolamin of the strength of one-fifth of one per cent is used. Half an hour after dropping

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the solution into the eye, examination will show a pupil dilated irregularly if adhesions between the iris and lens capsule are too strong to be broken by the mydriatic; or, as often occurs early in the disease, the pupil will be round, and light concentrated on the crystalline lens by a glass will show minute pigment spots marking the site of the ruptured adhesions. After even a slight iritis these spots will be found. Inspection of the anterior chamber may show a turbid aqueous. The cornea may be steamy.

Diagnosis.—Iritis is often mistaken for acute catarrhal conjunctivitis. The diagnosis can be made by attention to the following points: Conjunctivitis presents a discharge; uncomplicated iritis does not, but usually in iritis there is an accompanying conjunctivitis. In conjunctivitis the greatest redness is situated posteriorly where the ocular and palpebral parts of the conjunctiva join; in iritis the greatest redness is around the corneo-scleral junction. The redness of iritis is more deeply placed than is that of conjunctivitis. The injected conjunctival vessels are distinctly seen, while the deeper vessels of the circumcorneal zone presents a deep diffuse red color. The pupil in conjunctivitis responds to light. In early iritis it responds sluggishly, if at all; more often it is immobile and small. Vision is not affected in conjunctivitis, barring the spreading of mucus over the cornea, the existence of a complicating keratitis, or the presence of a corneal scar; in iritis vision is usually much reduced from turbidity of the aqueous or exudation on the lens. The tension of the eye is not changed in conjunctivitis; in iritis there is occasionally increase of tension in the height of the disease. The color and luster of the iris are not changed in conjunctivitis; in iritis the iris looks muddy, has lost its bright look, and is often changed in color.

In conjunctivitis the pupil dilates regularly after the use of a mydriatic; in iritis the pupil may dilate regularly or irregularly, due to causes explained above.

Differentiation Between Iritis and Glaucoma.—It might be supposed that disease as unlike as iritis and glaucoma would not be confounded, but it often happens that the practitioner considers a case of acute inflammatory glaucoma to be iritis, and treats the glaucoma with atropine—the worst possible treatment. Both diseases reduce vision and present pain as a prominent symptom. The following are the points in differential diagnosis:

IRITIS.	GLAUCOMA.
The pupil is small.	The pupil is dilated.
Usually the patient is under forty-five years of age.	Usually the patient is over middle age.
Tension may increase in the height of the disease.	Tension is permanently increased.
The anterior chamber is of normal depth except in neglected cases with complete annular synechiæ; in these it is deeper than normal.	The anterior chamber is shallow.
The cornea is sensitive to the touch.	The cornea is anesthetic.
The opthalmoscope can not be used with satisfaction.	The opthalmoscope shows excavation of the head of the optic nerve and pulsation in the retinal arteries.
The chief causes of iritis are syphilis, rheumatism and trauma.	The causes of glaucoma are unknown.

Differentiation Between Iritis and Cyclitis.—Although pathologic study shows involvement of the ciliary body in nearly all cases clinically diagnosticated as iritis, it is not customary to speak of the condition as a cyclitis or an iridocyclitis unless certain symptoms are present. These include: (1) edema of the upper eyelid, which is not present in simple iritis; (2) alteration of intra-ocular tension, which may be increased or diminished; (3) the presence of considerable pain or tenderness when pressure is made in the region of the ciliary body; (4) the presence of deposits on Descemet's membrane; (5) greater loss of vision than can be accounted for by the muddiness of the aqueous humor.

Varieties of Iritis.—Having made a diagnosis of iritis it will be in order to determine which variety of the disease is present: serous, plastic or parenchymatous.

Serous Iritis, so-called, is characterized by a deep anterior chamber, the presence of deposits in the aqueous humor, and on the back of the cornea, and a mildness of the subjective symptoms. This disease may be caused by acquired or hereditary

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syphilis. It is the form of iritis often found in sympathetic ophthalmitis. Often the pupil is dilated, and the tension of the eye is increased by physical and chemic changes in the aqueous, thus simulating glaucoma. Inasmuch as this disease has been shown by recent pathologic studies to depend on alterations in the glands of the ciliary body, systematic ophthalmic writers now classify it with diseases of the ciliary body and discuss it under the name of serous cyclitis.

Plastic Iritis is the type of iridal inflammation which is most frequently encountered. It is called plastic because of its tendency to form adhesions between the iris and crystalline lens, and to occlude the pupil. It may run an acute, a subacute or a chronic course. It presents the classic symptoms of iridal inflammation, pain; pericorneal injection; immobility of the iris, which is discolored; and posterior synechiæ. Aside from the ordinary attachments existing between the iris and lens, plastic iritis may result in the pouring of an exudation into the anterior chamber, filling the pupillary area with a gelatin-like mass (fibrinous, or spongy, iritis). Syphilis is a frequent cause of plastic iritis, the involvement of the iris occurring generally between the second and ninth months after the apearance of chancre. Exceptionally iritis in a syphilitic subject may be delayed till the eighteenth month. Both eyes are generally involved, but usually not at the same time. Rheumatism is a frequent cause of plastic iritis. Iritis appears in about three per cent of cases of acquired syphilis. Among cases of iritis syphilis is estimated to cause from thirty to sixty per cent. While the character of the inflammation may excite the suspicion of syphilis, iritis can not be regarded as pathognomic of the infection. Trousseau states that iritis does not occur in mild cases of syphilis. Hence, the presence of iritis is regarded as evidence of a severe infection.

Parenchymatous Iritis is divisible into suppurative, gummatous and tubercular forms. In all forms of parenchymatous inflammation the iris is much thickened and distorted.

In *suppurative iritis* pus cells are present in the tissue of the iris, and hypopyon is common. The most frequent cause of suppurative iritis is infection by a wound. The hypopyon of the idiopathic form of suppurative iritis disappears rapidly, since it consists only of pus cells, and is not mixed with fibrin as is the hypopyon of ulcus serpens corneæ (Fick). Diabetes and acute infectious diseases, such as pneumonia, cerebro-spinal fever, influenza, etc., are causes of suppurative iritis. It also occurs from embolism in puerperal septicemia and pyemia.

Gummatous inflammation of the iris appears in the later secondary stage of syphilis, and presents clinical signs peculiar to itself. In rare instances it is found in infants with hereditary syphilis. The iris shows one or more yellowish-brown or reddish-brown nodules, varying in size from a pin's head to a pea. They are found in the ciliary or pupillary border, or midway between the two, and are often crossed by vessels. Although found in the secondary stage of syphilis, the name gummata has been applied to them. They soon disappear under treatment without leaving scars in the iris tissue. Some authors apply the term *iritis papulosa* to this condition, and reserve the name gummatous iritis to those cases of true gummata which appear later in the history of syphilis.

Tubercular Iritis is due to the development of the tubercle bacillus in the iris. It is secondary to a tubercular focus located in another part of the body, and is found principally in persons under twenty years of age. Direct tubercular infection of the iris can occur only through a wound. In this form of iritis small, gray, transparent nodules are seen, which slowly change, some disappearing while others form. The disease is often bilateral. Recovery may take place, but the eye is generally lost by tubercular iridocyclitis.

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Enclosed please find one dollar for the BRIEF. I consider it a valuable journal for any physician to read. It helps him to keep abreast with the science of medicine. I am willing to contribute my mite. Enclosed find one dollar for same.—C. H. WHITING, M. D., Medina, N. Y.

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[Written for the MEDICAL BRIEF.]

The Causes and Prevention of Infant Mortality in Asylums.

BY ELIAS H. BARTLEY, B. S., M. D., PH. G.,

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It is a well-known fact that the mortality in infant asylums and homes is very high. While it is very difficult to obtain entirely reliable statistics, I find, from a study of the reports of the State Board of Charities, that the average mortality in the asylums and homes in this city is about sixty-four per cent for children under two years of age. The figures vary from eleven per cent in one instance to as high as eighty per cent in others, while in two institutions, in the year 1900, it was nearly one hundred per cent.

If we accept the death-rate for the whole city, for those under two years of age, as thirty-four per cent (Holt), we see that the mortality in the institutions is about twice that in private families, including the large numbers living in the tenement houses. If we could compare the statistics of the large asylums with that of families in which the children receive the same intelligent care bestowed upon them in the former, the contrast would be much more striking.

It is noticeable that the death-rate is higher in the larger than it is in the smaller institutions. The death rate in two of the smaller institutions in Brooklyn was, for the years examined, eleven and eighteen per cent respectively for children under two years of age, while that of the larger institutions in Manhattan was from forty to eighty per cent for the same ages.

What are the causes of the great difference in the death-rate between the institutions and in the average family? We may name the following as the chief causes of the high mortality above referred to:

1. An inherited weakness, or á congenital or acquired diathesis, as syphilis, tuberculosis or rachitis. To these may be added starvation, exposure, neglect, or abuse before admittance.

2. The infectious and contagious diseases which are always more disastrous in crowded communities.

3. Overcrowding.

4. Inadequate care.

5. Diet.

It is probable that more children of the class met with in the large nurseries are the subjects of inherited weakness than in the general infant as met with outside of these nurseries. Many of them are the offspring of inebriates, tubercular or syphilitic ancestry. A few, especially the foundlings, have been maltreated, exposed to inclement weather, or otherwise neglected, until they are handicapped when received. This, however, can not apply to so many cases. Furthermore, the same influences apply to a great many of the tenement house population, and to many others. These causes of mortality are beyond the control of the authorities of the institutions, and the best that can be done is to recognize and treat such cases as soon as they enter.

A second cause of death among institution children is contagious or infectious fevers; the eruptive fevers, diphtheria, mumps, etc., will occasionally be introduced, and, as is well known, they are apt to be more severe among children crowded together. The lowered vitality of many of the children from other causes, to be mentioned below, makes them more susceptible to contagions and less resistant The death-rate from these diseases is probably higher in institutions than in children reared in the family, although I have no statistics on the subject. Those familiar with such institutions know how often after an epidemic of measles or rotheln, comparatively mild in themselves, some children slowly but surely fail in health, grow thin, and finally die of malnutrition, or from some intercurrent slight ailment.

The indirect deaths are often as numerous as those due to the primary diseases. The children should be frequently and carefully inspected after epidemics, to detect such cases of malnutrition before they have progressed. The requirement of the State Board of Charities that all children admitted to these institutions shall be

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quarantined for ten days is an excellent one, and has been a great safeguard against introduction of contagious fevers. The quarantine should be extended to certain if not all diarrheal diseases, because they are either infectious from the outset or soon become so. One such case in a ward will infect the whole ward, unless great care be taken to prevent it. This may be done to a certain extent by taking the infants out of the ward to change their soiled linen, and the immediate disinfection of the latter. This disinfection of soiled linen is especially necessary in warm weather, when flies are present to carry the contagion from one cot to another.

The exclusion of flies is important from a sanitary standpoint, and when screens are not effectual, they should occasionally be killed by sulphur or chlorine disinfection. Such disinfection once in two weeks is useful at all seasons in preventing the so-called "baby-smell" in the room, or to destroy it when present. To accomplish this, the children are removed to the yard or some convenient room for a few hours, sulphur is burned in the ward, which is allowed to remain closed about two hours, aired and the children returned.

Chlorine disinfection is even simpler and more effectual when properly done. For this purpose a pound of chloride of lime for each one thousand cubic feet of space is placed in an ordinary wash bowl, and about four ounces of muriatic acid poured upon it, when the operator retires quickly from the room, which is tightly closed for one or two hours, when the windows are opened. After an hour, the children may be returned to the room. I practiced this fumigation several years ago during the prevalence of epidemics at the Sheltering Arms Nursery, and saw it modify the severity of the epidemic after a few days. During the epidemics of diphtheria and scarlatina, I believe that it limited the spread of the disease in a marked degree.

Overcrowding and the consequent lack of proper ventilation is a fruitful source of illnesses such as anemia, malnutrition, bronchitis, ophthalmia and skin eruptions. Fortunately this matter has been somewhat regulated by the State Board of Charities, so far as overcrowding is concerned. Ventilation is not so easy to secure by legislation. Free ventilation, by doors or windows, should be insisted upon, day and night, with the use of screens to protect the babies from direct draughts. Children will not thrive in a stagnant air, and where a system of mechanical ventilation is not at hand, and steam or hot water is the source of heat, it is very difficult to secure proper ventilation with safety. I regard this as an all-important matter, and one that demands constant attention from those in authority. Nurses and caretakers can not be depended upon to secure proper ventilation without going to the extreme of reckless exposure. I am of the opinion that no ward or room should contain more than three infants. This means that the rooms should be relatively small, not exceeding two thousand cubic feet, *i. e.*, twelve by fifteen by ten feet, and provided with at least two windows. It would be better to have two connecting rooms of this size, thus providing for better ventilation. This arrangement has the disadvantage of slightly increasing the dangers of communicable diseases.

Attendants.—No caretaker should be expected to care for more than three infants, or, better, two infants, and one old enough to walk about. I have seen one woman assigned to the care of ten bottle-fed babies, with an appalling mortality. Under these circumstances the babies must spend nearly all their time in the recumbent posture with little or no exercise, except that obtained in sucking and working their lungs. The little exercise obtained in the daily bath and occasional changing, can not much exceed one hour in the twenty-four. This lack of exercise leads to digestive derangements, with cold hands and feet constipation and congestion of the lungs and other organs, poorly developed muscles, etc. The resistance of such an infant must be very much weakened, and it is an easy prey for any disease, and is sensitive to variations in temperature, food, clothing, etc.

Compare the existence of such an infant with that of an average one, even in a tenement house, where it is tumbled about in the mother's arms, or trotted on her knee a large part of the time, with open doors or windows, and a good family

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cooking stove to assist in the ventilation, and the causes for a difference in nutrition and development will be self-evident. The proper exercise, ventilation and outdoor air in the latter case certainly atone for a variety of other vices in their food, bathing, clothing, exposure, etc., and one is tempted to ask if civilization is not a failure, so far as raising babies is concerned.

The necessity for exercise, outdoor air, and sunshine is often very much overlooked and neglected by institution managers. This is due largely to the economy practiced in the number of nurses supplied.

Feeding.—The digestive organs are very sensitive, and liable to serious derangements during the first year of life. This is especially true of institutional children, who are more or less enfeebled by lack of exercise, proper ventilation, outdoor air, sunshine, and motherly care. The depression in the vigor or tone of the sympathetic nervous system caused by such conditions, greatly promotes disturbances of the intestinal functions. There are at least three factors in the production of the serious acute gastro-enteric diseases:

1. Some depression in the vigor or tone of the sympathetic nervous system.

2. A perversion of or a failure of normal digestion because of this depression.

3. Abnormal bacterial growth in the contents of the gastro-intestinal canal induced by a failure of digestion, or by introduction from without with the food.

The chief causes in institutional life which depress the nervous system are: Impure germ-laden, odoriferous humid air; disturbed rest, and lack of the contentment produced by a mother's fondling care; lack of exercise, outdoor air and sunshine.

Some of these causes are unavoidable. Pure outdoor air, sunshine, exercise, quiet sleep, sufficient care and cleanliness ought to be secured. We know that infants taken from nurseries, and placed with an intelligent woman in the ordinary tenement house will, in most cases, do better than in the asylum, and that notwithstanding a general lack of cleanliness and unsanitary surroundings.

Some of the institutions, or the city authorities, have adopted the practice of placing as many as possible of infant wards in private families to board, and with good results.

The second factor in the production of gastro-intestinal disturbances, the perversion of digestion because of an exhaustion or depression of the sympathetic nervous system is dependent upon the above causes.

The third factor, the bacterial infections of the gastro-intestinal canal, may be the result of the over-growth or increased virulence or the normal colon bacilli or the introduction of infectious bacteria with food or drink or vitiated air. The best barrier to intestinal fermentations is the normal peristalsis. When the sympathetic nervous system is exhausted or depressed by the causes above mentioned, the liability to an injurious overgrowth of intestinal bacteria is greatly increased. Excessive heat, fright and dentition probably produce their results largely through the nervous system.

Infection of the food is an accident which can and should be prevented. The chemical composition of the food is not the only thing to be considered. The cleanliness is of equal importance. It is only within the past few years that this has received the attention that its importance deserves. The milk or other food for children should be clean and free from any contamination. The milk may be diluted or modified by any one of the well-known methods, but if it be dirty in a bacteriological sense, no method of modification will make it a fit food. Every institution for the care of infants or young children should procure the best, cleanest and freshest milk obtainable. It should then be intrusted to an intelligent, conscientious attendant, and she should be provided with a well-equipped diet kitchen. With cleanliness, careful watching, intelligent feeding, occasional fumigation of the nursery wards, outdoor air and sunshine, much of the mortality among institution children may be prevented.

I am convinced by the results obtained in their application in the nursery with which I am connected, that the death rate can be reduced to one-third what it now is in some of the institutions of this city.

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The summer diarrheas which years ago were the scourge of this nursery are now almost unknown. No death from such a cause has occurred in three or more years. With an average of about twenty children under two years of age, and seventy of all ages, under seven, there has not been a death in over a year.

I believe that attention to the matters above discussed in this brief way will produce similar results in any institution where these common-sense rules are carried out, and we shall hear less of the frightful mortality in infant asylums.

[Written for the MEDICAL BRIEF.]

The Influence of Relative Humidity.

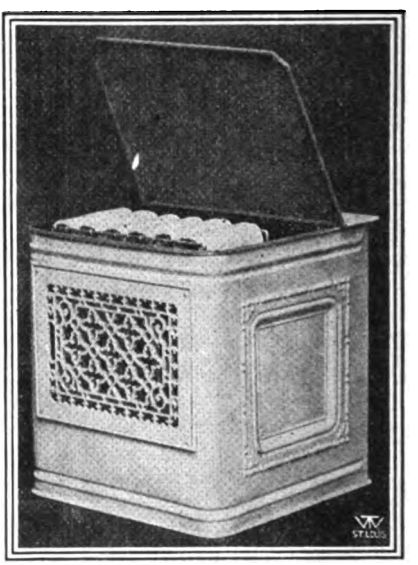
BY HENRY J. BARNES, M. D.,

Professor of Hygiene in Tuft's Medical School, Boston, Mass.

Where artificial heat is employed it is common experience in the winter time to observe the injurious effects upon furniture, fabrics, books and pictures, by the excessive dryness of the atmosphere. Observations made in Boston, covering a period of forty-four days, have shown a mean relative humidity of but thirty-one per cent in hospitals, houses and offices heated by steam, hot water and furnace, and an extreme as low as fifteen per cent has been observed, while the outside air as constituted by nature, shows a mean of seventy-one per cent moisture for the same period. No desert region in the world has a mean as low as this.

The influence of this excessively dry air on the respiratory tract cannot but be pernicious, in that it exhausts the watery flow from the lungs outward, thickening the excretions and interfering with the ciliary motion on lining membrane. Under these conditions, foreign matter, especially the pathogenic bacteria, is not expelled and the ordinary "cold," beginning in the upper air passages, terminates in a bronchitis.

The ordinary hot water tank in the furnace contributes but a trivial amount of moisture toward overcoming this condition, even when carefully attended to; one or two pailfuls of water a day evaporated into the air influences the percentage of moisture but slightly, when from five hundred to one thousand cubic feet of air per minute is taken through the cold air box and discharged into the various rooms of the building. To overcome this difficulty the humidifier is employed. This consists of an outer box covering the register and a tank filled with water in which are suspended a series of cotton felt sheets; capillary attraction keeps these sheets constantly wet and the current of dry air passing between them takes up moisture in proportion to the percentage existing in the air after passing through the furnace. From two to fifteen quarts of water in a single day are thus evaporated into the air of a living room,



and a fairly uniform relative humidity of fifty per cent is sustained.

The Bell Telephone Building in Boston, heated by indirect steam, is equipped with the object of accomplishing the same purposes, by releasing steam from the boiler into the stack room. Six hundred gallons of water a day are evaporated into the air in this building and a uniform relative humidity of fifty-two or fifty-three is maintained.

Its benefit is shown by a very great diminution in the number of coughs and colds among the operators employed in the switch room; and rooms which were uncomfortably cool at seventy degrees tem-

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perature are now found to be comfortable at sixty-six or sixty-seven degrees.

The consciousness of drafts are greatly influenced by the percentage of moisture in the atmosphere, for the cooling effect depends very greatly on the rapidity of evaporation of moisture from the lungs and surface of the body. If the air is excessively dry, the slightest movement of air attendant on ventilation gives the impression of an intense draught, while moist air coming in contact with the surface of the body and unable to take up moisture causes little or no impression. All this is well illustrated in the atmosphere of a kitchen where the tea-kettle furnishes from a pailful to a pailful and a half of water a day to the atmosphere. Here a temperature of sixty-five is very comfortable, while the upper rooms of the house without this moisture seem cool and drafty at seventy and even seventy-five to eighty degrees, and shivering over the register is a common experience.

429 Beacon Street.

[Written for the MEDICAL BRIEF.]

On the Treatment of Prostatic Obstruction.

BY PARKER SYMS, M. D.,

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Probably nothing in the domain of surgery has made such rapid strides toward perfection as has the radical treatment of prostatic obstruction within the last few years. Unfortunately the progress of its evolution has naturally outstripped the knowledge of the profession at large as to just what may be accomplished by the surgeon to-day.

It was in 1897 that the author began to take an active interest in and to apply himself to this field of surgery. At that time prostatectomy was considered one of the most dangerous and fatal of operations To-day if done by a simple median incision through the perineum, and the prostate is enucleated by one whose touch is sufficiently educated, prostatectomy entails so little danger to the patient that it may be classed among the minor operations, so far as mortality is concerned.

There are three things which the author has steadily fought against in this class of cases, viz.:

The use of the cystoscope.

The Bottini method of operation.

The suprapubic route for operation.

In cases of prostatic hypertrophy with residual urine and bladder catarrh, and in infected bladders, the author regards the use of the cystoscope as most dangerous, and it is certainly a most futile procedure, for in the majority of cases nothing can be seen until one has passed the site of disease.

Recently the author removed a prostate from a man, effecting a permanent cure, and so slight was the reaction that the patient was up and about at the end of forty-eight hours. Some months before he was examined by cystoscope at the hands of a very good specialist, and as a result he lay at death's door for fourteen weeks on account of an active inflammatory reaction which was established by the introduction of the cystoscope.

The author's reasons for objecting to the Bottini operation are, it is a dangerous procedure, it is contrary to a well-established surgical principle, viz., that one should not operate upon the deep urethra except through an open incision. No law of surgery is more emphatic and important than the one relating to a rupture or laceration of the deep urethra. The only proper treatment for such an injury is prompt perineal section down to the site of the injury, and the rapid use of bladder and perineal drainage.

The Bottini operation consists of a deliberately performed laceration of the prostatic urethra, and having no provision for drainage of the bladder and perineum it is contrary to surgical principles.

Secondly: The Bottini operation is not a radical procedure. The author encounters many patients who have been subjected to repeated Bottini operations, and who doubtless are regarded in certain lists of cases as "cures." This electro-cautery prostatotomy was thoroughly exploited about thirty years ago, and was abandoned because its results were not good.

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A few years ago, almost all advocates of prostatectomy were performing this operation through a suprapubic route, and the mortality at that time was estimated anywhere from twenty-five to ninety per cent.

The prostate does not lie within the bladder, it does not lie above the bladder, but it does lie below and in front of the bladder in the perineum. To reach the prostate by suprapubic incision, one must enter the bladder, then one must go through the floor of the bladder, then leave the bladder, and when he has come to the perineum he will have reached the prostate. To the author's mind it is as absurd to do a suprapubic prostatectomy as it would be to do a trans-occipital tonsillectomy.

Patients who have been subjected to this operation make slow recoveries; a fistula often forms. One patient who consulted the writer was in bed, and dangerously ill with blood poisoning for four months, as a result of infection of prevesical space. On Monday next I shall operate upon a man who has had suprapubic cystotomies performed for the relief of prostatic obstruction. His prostate still remains, he has stone in the bladder, and a sinus and abscess above the pubes which has never healed.

Perineal Prostatectomy should be performed by a simple median incision, and not by an incision which involves dissection of the perineum. The author's method is to introduce a lithotomy staff into the bladder, and with a narrow bistoury to make one incision in the median line down to this staff, opening the membranous urethra, then the index finger is passed through the membranous and prostatic urethra into the bladder, dilating the prostatic urethra, and often splitting part of the floor thereof. The author then introduces into the bladder his rubber retractor (see engraving) collapsed. Now traction properly made on this retractor brings the prostate and neck of the bladder within easy reach. Blunt dissection exposes the fibrous sheath of the prostate. Up to this point there should have been practically no hemorrhage. An incision is made on each side into the sheath covering the prostate. The index finger is introduced through this sheath, and the prostate is enucleated by the finger. As one lobe of the prostate is removed, the soft rubber tractor makes pressure on the empty space and stops hemorrhage. As soon as the whole prostate is enucleated, the rubber retractor is removed, and a perineal drainage catheter is passed into the bladder. The wounds are packed with iodoform gauze, after the manner of Mikliwicz. The wound is temporarily drawn together with sutures, the patient is put to bed, the packing is removed at the end of twelve to twenty-four hours. The tube is removed at the end of forty-eight hours. Unless there is severe cystitis, the patient is allowed to get up and walk about as soon as the tube is out. All the author's recent cases have been upon their feet the second day after the operation. There is practically no hemorrhage, and consequently no shock. Immediately relief from suffering makes the patient better the day after the operation than before, and the end result is restoration to normal bladder function.

50 West Forty-Seventh Street.

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[Written for the MEDICAL BRIEF.]

Inguinal Hernia.

BY HENRY O. MARCY, A. M., M. D., LL. D.,

Late President of the American Medical Association; Late President of the American Academy of Medicine; President of the Section of Gynecology, Ninth International Medical Congress; Surgeon to the Cambridge Hospital for Women; Member of the British Medical Association; Member of the Massachusetts Medical Society, the Boston Gynecological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; Late Surgeon United States Army; Surgeon of Private Hospital for Women; Author of "Anatomy and Surgical Treatment of Hernia," etc. Boston, Mass.

The general practitioner has an interest in hernia as never before, this because now it is well recognized that comparatively simple operative measures may be safely instituted for cure. Every man practicing medicine who is at all familiar with modern aseptic surgery should master the subject carefully.

The different varieties of hernia in a general way, may be considered as simple openings through the abdominal wall, easily operable, with the exception of inguinal hernia, therefore we will confine this paper to that variety alone.

Cause.—Every student is taught that until a late period of intra-uterine life, the testicle is retained within the abdominal cavity, as if by a change of purpose at this late period the testicle is withdrawn externally, to be located in the scrotum. When the processes are normally completed, we find that the opening through the abdominal wall permitting the passage of the cord, is valvular, by producing the so-called inguinal canal. The obliquity is so marked that the intra-abdominal pressure closes the walls of the canal with absolute correctness, so that there is no more yielding at this site in any other portion of the parieties. However, this process is very frequently incomplete; so marked is this that in the earlier part of the century, Cloquet, of Paris, after the dissection of five hundred supposedly normal subjects, described his so-called "infundibular process" of the peritoneum as normal anatomy.

In the healthy subject there is no depression of the peritoneum at the site of the exit of the cord. Given, however, an imperfect closure of the internal portion of the canal, it is perfectly easy to understand that the intra-abdominal pressure is greater at this part than elsewhere, and this is the chief cause of inguinal hernia, although it may not show itself until advanced periods of life.

If we are correct in the above statement, it follows that it is fundamentally necessary by operative measures to, in some way, restore the obliquity of the canal, and deflect the intra-abdominal pressure thereby from this former site of weakened structures.

No chapter in surgery is more interesting than to trace from the days of the Greeks and Romans to the present, the infinite variety of measures practised for the cure of this extremely frequent pathological condition. It remained, however, almost a necessity that the solution of this thousand-year-old problem in surgery should await the present, since its cure is dependent upon a safe free dissection of the parts with a reconstruction of the deepened structures in order that the parts may be restored to the normal pattern. Aseptic surgery renders such dissection possible and safe. The buried absorbable suture gives the means for the reconstruction of the structures; closing and sealing the wound prevents further danger of infection.

What Cases Should be Operated Upon.—In the early stages of my experience I restricted the operation to children and to adults who could not be made comfortable by some of the different varieties of retention apparatus. Also a considerable class of old retained hernia, where the pathological factors were intricate and complicated. Little by little with the years I have broadened my view until now I almost unhesitatingly advise every individual suffering from inguinal hernia to be operated upon where the general conditions make such operative measures reasonably safe. These latter factors would not be unlike those applying to any operative surgical problem. It is probable that few surgeons are more thoroughly familiar than myself with the great variety of operative technique.

In a discussion upon this subject last week, at Atlantic City, I likened it to the

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splitting of wood, "the more sticks you have, the more you may split." Notwithstanding this, the fundamental principles are simple and easily comprehended. An incision sufficiently free to clearly demonstrate each surgical factor. This is imperative since blind surgery is bad surgery, although it may not necessitate a large wound. The redundant peritoneum, the so-called sac, may be so attenuated and free as to become an entirely unimportant factor. However, in all old, large, herniæ, it should be removed. Usually the cord is found in the lowest angle of the wound, the hernial contents escaping over it, hence the dissection should be sufficiently free to lift it out of its bed, and suture the refreshened deep structures beneath it, reforming the internal ring, and increasing the length of the canal.

This is by far the most important factor in the cure of hernia, and it is surprising to note how closely these structures may be coapted upon the cord, leaving it often an inch or more higher up in the abdominal wall. A stitch or two may be advisable for the reinforcement of the tissues above the internal ring. It now remains to cover over the cord with the strong fascia of the external oblique, sutured to Poupart's ligament. A light-running subcuticular absorbable suture, a seal of iodoform collodion, and the operation is finished.

Every operator does his best work in the way in which he is most familiar, nevertheless, it is important that he should familiarize himself with the better methods of modern technique. The mattress suture has many advantages over the single interrupted suture. The double continuous suture is a multiple mattress suture with a single knot, and since knots are to be avoided as far as possible, double fine continuous suturing has its advantages, especially in that when it is done, the tension is uniform throughout the entire length of the wound.

The suture material, it goes without saying, must be sterile, and must be absorbable. Good catgut sutures may answer every purpose. The experience of twenty years, however, shows that tendon sutures taken from the tail of the kangaroo have many advantages over catgut, and, therefore, are to be preferred. As the first American student of Mr. Lister, I saw the advantage of the buried suture although my master had never used it. To me it seemed simple and logical that if an artery could be occluded with an absorbable ligature, cut off and buried in the wound, all like tissues could be coapted in a similar manner.

My first application of this method was in 1870, for the very purpose above described, restoring the obliquity of the inguinal canal, and making an aseptic wound subject to primary repair. This long period has demonstrated the value of the method in such a way that many thousands of cases could be tabulated in statistical form, if necessary. It suffices simply to state that such an operation performed by one who is master of aseptic technique should be without danger; with the repair processes going on so rapidly that at the end of a few weeks the patient may return to an active life.

Trusses should never be reapplied, and a cure is permanent. The permanency of the cure depends upon the deflection of the intra-abdominal pressure, and its dissemination equally over the entire abdominal parieties. The buried animal suture I consider to be my best contribution to surgery, and its use for the cure of hernia was its first application. I have cared less on my own account than that the cure of hernia should be duly credited to American surgery.

180 Commonwealth Avenue.

[Written for the MEDICAL BRIEF.]

Acute Specific Urethritis—A Brief Resume of Its History and Most Modern Methods of Treatment.

BY CLARENCE G. CLARK, M. D.,
Assistant Surgeon New York Hospital, House of Relief, Genito-Urinary Clinic; Formerly Assistant Surgeon to New York Hospital, O. P. D., Genito-Urinary Department.
New York.

Despite the wonderful strides made in all the branches of the medical profession during the past two decades, there still remains one disease which is fully as prevalent and nearly as severe as it was a century ago. I refer to gonorrhea or specific urethritis.

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This far-reaching malady had its origin, probably, shortly after the expulsion of our ancestors from the Garden of Eden, and has been multiplying and causing untold mental and physical suffering ever since. The first authentic writing on the subject dates back four thousand five hundred years. Then follows a long period of silence, during which the disease was probably associated with other genito-urinary troubles. In fact, Paracelsus in the sixteenth century, when syphilis had diminished somewhat in violence, classed it with syphilis. This error passed unchallenged until the protest of Cockburn in 1728. In 1770 the Edinburgh school taught that it was a disease which could arise *sui generis*. This belief prevailed until 1870, when Neisser, of Breslau, announced the discovery of the gonococcus in gonorrheal pus. This discovery has brought to us the knowledge of the far-reaching consequences of a neglected gonorrhea. The gonococcus has been found time and again in nearly all the serous cavities and on nearly all the mucous surfaces of the body. It has been demonstrated alone and associated with streptococci in cases of salpingitis, iritis, arthritis, peritonitis, pleural exudates, meningitis and other inflammatory affection.

In the male there is a long list of complications from extension of the infection. Among those due to invasion by the gonococcus and the pus germs which are nearly always associated with it in neglected cases may be mentioned folliculitis and periurethritis, abscesses, couperitis, lymphadenitis, cavernitis, posterior urethritis, prostatitis, epididymitis, orchitis, and rarely cystitis.

In the female the list is much longer, as there is much more room in the female genital tract for direct extension and on account of the close proximity of the peritoneal cavity to the open ends of the Fallopian tubes. The results are oftentimes most serious. Many gynecologists assert that fully fifty per cent of the acute cases demanding radical and destructive operations are due to (innocent, perhaps) invasions of the gonococcus.

When we think of the far-reaching consequences of this dread disease it makes us think that there must be some radical measure by which it can be stopped. Probably the secret nature of the affection has a great deal to do with its rapid spread. Another reason is the carelessness with which the laity regard it. I have had many a patient consult me for some entirely different ailment carelessly mention the fact that he had had a "dose of clap" for the past three, four, five months for which he had had no treatment whatever. Syphilis is regarded in an entirely different light, and this is because the laity has been educated to look upon syphilis as a dread disease, scarcely second to small-pox in its consequences. The average man when told that gonorrhea is far more serious in its consequences will not believe you, and yet this is undoubtedly true. It is the duty of every practitioner of medicine to assist in the education of the laity along this line. It will assuredly benefit the public health fully as much as the vaccination for small-pox has done.

The symptoms of an uncomplicated case of gonorrhea are only too well known. The only thing that can be said is to urge the early use of the microscope in all suspected cases. There are many cases of simple urethritis which are passed off as true cases of gonorrhea and promptly cured. These have probably caused the common impression that gonorrhea is a self-limited disease and easily cured.

The treatment of to-day is largely inadequate and symptomatic. Too many nauseating drugs are given and too little local treatment. When local treatment is used it generally does more harm than good, as it is generally left to the patient. The general practitioner does not like to handle gonorrhea cases, and in a way he is right. He owes a certain duty to his uninfected patients. It is too easy to carry gonococci on his fingers to the bed of the parturient woman and to infect her. This danger could be avoided by the use of rubber gloves on these patients. It is certainly true that over half of all the cases becomes chronic and this is, I think, due to the lack of proper local treatment. we would not think of treating an abscess with internal medication, and yet this is practically the same.

In my opinion the most radical advance of late years has been the use of the

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irrigation treatment. Its proper use will cure nine out of every ten cases. The mere mechanical washing out of the infected urethra with one or two quarts of fluid removes a great many of the germs, and if too great pressure is not used there is little danger of causing an extension.

In the acute case of gonorrhea, that is, one seen within the first week after the appearance of the discharge, this irrigation should be done daily and, if possible, twice daily. The fluid used may differ according to the individual preference of the physician. My custom is to begin with weak solutions of potassium permanganate (one two thousand or one three thousand). The glans and prepuce are thoroughly cleansed and the irrigator lowered to about two or three feet above the patient, who is sitting. The ordinary Chetwood or Valentine irrigator nozzles are inserted into the meatus. Those with a return flow are better, as they allow the fluid to go in only the anterior urethra and to come right out and into a pan between the patient's legs. This is kept up until about two quarts are used. Then a strong solution of some silver salt is injected into the urethra by a two-drachm glass syringe and allowed to remain about four minutes. The most valuable of the many silver albuminoids which we have are argyrol and protargol. The former can be used as high as twenty per cent and the latter in from one per cent to two per cent solutions. This may be repeated twice daily, if possible. The patient should be seen at least once every day if quick results are desired.

Internally, the only medicines which do much good are those that dilute the urine and thereby relieve the intense burning of the early stages. Among these may be mentioned the alkaline diluent, chief of which are potassium acetate and citrate, the ammonium formaldehyde salts as helmitol and urotropin. The use of methylene blue internally has at least a psychological effect on the patient. Large amounts of water should be drunk if there is much burning.

As stated before, the average acute case, if treated in the way described, shows few complications and the average duration is from ten to fourteen days. In rare instances genuine cases of specific urethritis are aborted by this method. I never heard of a genuine case of gonorrhea being aborted by the use of the old remedies, such as copaiba and cubebs, alone. Very often the acute discharge will stop on the tenth or eleventh day and a thin, watery discharge supersede it. For this an astringent is needed, and instead of the injection of silver after the irrigation some astringent injection, as zinc sulphocarbolate, two grains to the ounce, zinci iodide, or solutions containing fluid hydrastis (one part to three of water) may be substituted.

The complications associated with gonorrhea are far too many to be discussed in an article of this nature and many of them will not occur if the case is properly managed from the start. The chronic posterior gonorrheas would certainly be less severe and less frequent, and it is to these that we can lay the prevalence of gonorrhea. The man with the acute case is not apt to spread his disease, but the man with the uncured posterior urethritis is very apt to think that because he has only a small amount of discharge occurring every morning that he is not very apt to spread his disease, and goes about creating a new endless chain of suffering. No case should be discharged as cured until a careful microscopical examination of both his urine and of smears taken from different sections of his urethra by a platinum wire have been made and found to be negative. The old "beer test" is not sufficient at all times, although very often it will show up a lurking focus of infection by producing a discharge.

In closing, too much stress can not be laid upon the importance of educating our patients to a full understanding of the consequences of this disease, and also upon the necessity of prompt and active treatment of every case seen by us at as early a date as possible, and of not discharging a single case until we are sure that he is well.

335 East Eighty-Seventh Street.

Enclosed you will find a dollar bill to renew my subscription to the MEDICAL BRIEF. I value the BRIEF very highly.—JAS. F. WOOD, M. D., Yarboro, Ark.

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[Written for the MEDICAL BRIEF.]

Hydrophobia and That Sort of Thing.

BY REYNOLD WEBB WILCOX, M. D., LL. D.,

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(Continued from page 577.)

A visit to the Pasteur Institute in Paris necessitates an entire morning, because it is situated in a quarter inaccessible except by carriage. It is well to caution the coachman that it is Rue Dutot and not Ditot, that is desired; the latter seems to be more familiar to them. The building is modern and well adapted for experimental work, and the laboratories of Roux and Metchnikoff are especially pointed out to visitors. At the times of my visits but little was being done, an attendant sealing up some culture tubes in a decidedly slovenly manner being the only evidence of activity. The mortuary chapel, containing the sarcophagus of Pasteur, and his death mask, upon whose walls are recorded his discoveries, is shown on the first and third Saturdays of each month, and is well worthy of a visit, not only from the achievements of the man, but as well because it is an excellent example of architecture and color. The vaccination as preventive of hydrophobia takes place at ten each morning. Before the doors are opened the patients have an opportunity to study a hysterical bronze, which disfigures otherwise excellently kept grounds. In the waiting room one finds as motley a collection of humanity as would grace one of our public dispensaries. The walls are adorned by maps showing the incidence of hydrophobia, and the location of the various Pasteur institutes, one being, according to the map, just off Sandy Hook. Two placards are conspicuous, one disclaiming the connection of the institute of M. Pasteur with any hotel or lodging, and the other requesting patients to take a bath before commencing treatment, and every two or three days during same. This injunction is apparently more honored in the breach than in the observance. In fact, throughout the whole building there is a fatal disregard of cleanliness, which seems to be incompatible with accurate biological work. The treatment is administered by what would, I presume, be called in a Keely institute, a job-washer. The patients are brought in by an orderly, who checks off their names; the clothing is previously slit up so that injections may be made in the right or left hypochondriac region. A shallow glass dish filled with absorbent cotton and a colorless liquid, and holding two pairs of pincettes, grasping a pledget of absorbent cotton, is placed at the operator's right. At his left is his assistant, with several collamore glasses containing the vaccine material, and covered with paper. Two Pravaz syringes completed the outfit. The skin at the site of the injection is cleansed (?) with a "wipe" (no other word quite expresses the idea) of the wet cotton held in the pincette; the syringe is filled by the assistant by inserting the needle through the cover into the liquid, and the injection is made. The assistant then checks off the name of the patient as it appears on his list. One morning upon which I was present thirty-one (the assistant subsequently corrected my count to thirty) patients were treated. Of these probably eleven or twelve received two, the other one, injection. Neither the cotton nor the pincettes, nor the solution, was changed; no attempt was made to sterilize the needles. One must admire the celerity with which these injections were made, for from first to last but twenty-three and one-half minutes had elapsed. To be criticised are (1) the disregard for ordinary antiseptic precautions, and (2) the condition of the operator's hands. Either would, in this country, call for severe rebuke. On the other hand the operator found a vein but twice, and I saw not more than eight indurations and no evidences of abscesses, either present or past.

Another notice which aroused memories of my old student days in the Latin quarter, was the invitation placarded on the stairs, "to clean your feet, if you please." Perhaps times have changed, but it used to be a dogma accepted by students that houses bearing that sign were too thickly

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populated for repose and happiness. A request to be allowed to see the vaccine material in process of manufacture was answered by the statement that this operation was not going on at that time. At the end of the clinic a new applicant for treatment arrived. My request to be present when the history and results of examination were taken and recorded was refused, on the ground that all records were revised after the treatment was concluded, and before the final results were published. I am inclined to think that this answer was rather due to the fact that the operator was a rather disagreeable specimen of the middle-class French rather than that it represented facts. The assistant, however, was very courteous and communicative, but, of course, powerless under the circumstances. The impression which I formed was that Pasteur had done ample to perpetuate his fame in his studies upon life, and enough for France in saving her industries, without there being necessity that a method of prevention based on incompleted experiments should bear his name. In fact, had he been trained as a physician, or had he lived to complete this portion of his work posterity would have given him still greater honor. What has been done at the institute appears in the following table:

Year.	Persons Treated.	Deaths.	Per cent of Mortality.
1886.....	2,671	25	0.94
1887.....	1,770	14	0.79
1888.....	1,622	9	0.55
1889.....	1,890	7	0.38
1890.....	1,540	5	0.32
1891.....	1,559	4	0.25
1892.....	1,790	4	0.23
1893.....	1,648	6	0.36
1894.....	1,387	7	0.50
1895.....	1,520	5	0.33
1896.....	1,308	4	0.30
1897.....	1,521	6	0.39
1898.....	1,465	3	0.20
1899.....	1,614	4	0.25
1900.....	1,420*	4*	0.35*
1901.....	1,321	5	0.38
1902.....	1,105	2	0.18

*Corrected to 1,420, 5, and 0.35 respectively.

During 1902, one thousand one hundred and six persons were treated, of whom three died from hydrophobia. Inasmuch as in one instance the disease declared itself before the end of treatment, this is excluded from both "persons treated" and "deaths."

All that can be deduced from this table may be stated in a very few words. First, evidently the material used is prepared with great care, else in the presence of conditions favoring sepsis more frequent indurations would result. Second, the patients are evidently cautiously selected, and the institute has profited by the experience of the first three years.

While this matter was being investigated, there came into my possession a curious document, bearing the stamp of the consulate of the United States at Havre, September 24, 1902. So far as the execrable French, in which it is written, permits of translation, its purport is that for the entry into the United States of certain animals permits must be obtained in advance from the Department of Agriculture at Washington, to be delivered to the "director" of the customs at the port of entry. National history specimens for museums or scientific collections, birds in cages, as canaries, parrots or other species, which the "Minister of Agriculture" may designate are exempt. The importation of the mongoose, flying fox, or *fruit bats*, English sparrows and starling is prohibited. Animals which do not require a permit are, amongst others, armadillos, bears, chimpanzees, elephants, hippopotami, hyenas, jaguars, kangaroos, leopards, lynxes, apes, orang-outangs, seals (presumably without their skins), sea lions, sloths, tapirs, tigers, wildcats, swans, and various other birds; crocodiles, lizards, snakes and all sorts of reptiles. Evidently there is little difficulty in introducing a sufficient number of baboons for proper representation in Congress, as well as reptiles, the names of which are more or less intimately associated with politics, or even wildcats, while tame ones and dogs require a permit before they can enter. During six weeks which I spent in Paris this past summer, I never saw a dog muzzle nor a leader, nor did I see children ill-treat dogs. On the other hand I have never witnessed the inception of a so-called "mad dog" scare in the city, but that it seemed more just that the policeman should visit summary punishment upon ill-bred gamins than upon the animal. The results of properly training children are generally more important than those

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of legislation. Anyone who reads the various papers upon hydrophobia can not but be impressed with their sameness. For many years this peculiarity has been remarked. It was not, however, until about the time of my first visit to the Pasteur Institute (1894) that I discovered the common source of information, or misinformation, upon the subject. During the whole of my professional career there has stood on my bookshelves Van Swieten's Commentaries on Boerhaave, as they stood upon my grandfather's and his preceptor's before him. The eighteen volumes, published in Edinburgh, in 1776, were practically the Ziemssen of the eighteenth century. Volume XI, from page 139 to 234, is occupied by a chapter entitled, "Of the Canine Madness." There we find every fact and fancy, theory and superstition, that one is likely to meet. Perhaps at the threshold of the twentieth century we may read the wisdom of the eighteenth (p. 233): "Since it appeared before that the ways are numerous by which the canine poison may be conveyed to the body, there is just reason to suspect all remedies that are taken from the mad animal itself. It is indeed true that burning the liver of a beast into ashes leaves not much room for such apprehension of any great mischief, as fire divides and destroys the mechanism of all vegetable and animal poisons; but by the same rule there is but little good to be expected from a parcel of inactive cinders, that are almost entirely composed of a mere earth. But it has been recommended by some to eat the parched or boiled liver of the mad dog in three days; and Palmarius affirms he had experienced this remedy to succeed in two rustics, that escaped the hydrophobia. But how far Palmarius may be here trusted to, is evident from what we before said. We are on better authority assured, that a boy nine years old ate the whole liver of the dog that had bitten him, after it had been fried only; and yet he perished by hydrophobia within a month from the infliction of the bite. Therefore, the saving of rustics by eating only a part of a liver, the whole of which could not save a child, seems to deserve very little credit."

So our pilgrimage ends, not at Paris, but at Vienna, in the quaint old *Augustinerkirche*, standing before the tomb of Baron Van Swieten, who was learned, and more than learned—wise, the counselor of one of the greatest of female monarchs, whose impress on medicine has been felt for two centuries, whose writings have been unacknowledged sources of information and inspiration for many writers. Grand old Van Swieten, may his incisive logic and intelligent skepticism be adopted by those who find his writings so convenient. Having then found the source of information, and in one sense the forbear of the modern treatment of conditions of alleged sequence to dog bites, may we not hope that less of assumption and more of logic shall enter into future discussions. When I called the attention of a professor of medicine to the fact that the information which he vouchsafed upon the subject was well known to Van Swieten, and could be found in his Commentaries, his answer was so true, even if somewhat ungrammatical, that I can not forbear to quote it: "We don't know much more now about that disease than we ever did."

A healthy skepticism as to the existence of hydrophobia as a nosological entity does not imply a negation of what has been accomplished by some antitoxins, or some attenuated cultures (vaccines), for these have been demonstrated, and their results proven. A student who endeavors to seek out truth should always have in mind the author of "Inquiries in Vulgar and Common Errors," and avoid the fate of Sir Thomas Browne, who, sometimes in shunning one error fell into worse ones. However, this must be the verdict deducted from this inquisition, as it was from the one which I prosecuted in 1894, the Scotch one of "Not proven."

679 Madison Avenue.

Enclosed find post-office money order for four dollars for four years' subscription to the MEDICAL BRIEF. One dollar is certainly little enough for the value received regularly, as the BRIEF is a very good educator, and I like it very much.—O. H. DOGGE, M. D., San Jose, Cal.

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[Written for the MEDICAL BRIEF.]

Gastro-Enteric Lesions of Childhood —Treatment.

BY JOHN L. PAYNE, M. D.,

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The symptoms of and the pathological conditions found in all the different diseases of the gastro-enteric tract, are so well and carefully given in many papers and all the later text books, I can add nothing new or of great importance, therefore, I will confine myself to some general salient points in the treatment and the remedies and means I have found most efficient.

The statistics or mortality reports from all the large cities of the United States, show that the death rate among children two years of age, and under, is on the increase, and is markedly affected by the heat of the summer, usually commencing the latter part of May or first of June, reaching the highest point in July, gradually decreasing the latter part of August and September, and disappearing soon after heavy frosts. As there are not as many deaths in the country and smaller towns as in cities, compared to population, it is evident that fresh air and better hygienic surroundings influence this class of diseases possibly more than any other we are called upon to treat.

There are three very important factors in the child's development and healthy growth, *i. e.*, first, heredity or predisposition; second, hygiene and hygienic surroundings; and third, feeding.

With what may be handed down from parents to offspring, taints, predisposition to disease, weakened vitality, etc., the physician has practically nothing to do, and there is no way by which he may influence this inheritance, except sometimes by moral persuasion in rare instances; yet we all recognize the power this inheritance wields.

With the other two factors, viz., hygiene and feeding, the physician's scope for usefulness is very great and his influence should be very largely felt, far more in fact than it is at the present time. These two factors taken together, and they go hand in hand, form a very important part of the treatment. The ignorance so frequently found in the care of infants and babies is astonishing. The rich and the poor seem almost equal in this respect; it is not confined to any one class of society. So often we see a too zealous mother endeavoring to raise her baby by not allowing a breath of fresh air strike it, a regular hot-house plant, as it were, confined in the house, depending upon soap and water to make it healthy and strong. And when the baby takes sick she will say with perfect sincerity: "I do not know how in the world my baby could be sick, for I have never had it out of this house," and many times "this room." What a shame to jail one of God's innocent and helpless creatures in this way. "Cleanliness is next to godliness," and is very important and absolutely necessary to the child's welfare, but too vigorous and too frequent application does more harm than good, especially to weakly and poorly nourished children. The importance of fresh air and sunshine can not be overestimated. A baby should be young, indeed, who has not seen the outside world and breathed the fresh air out of doors. Properly clothe the baby, let it have free use of its limbs and keep it out in the fresh air, and many of the terrors of the second summer, the dreaded period, will be taken away, and "teething" passed in a far greater degree of safety. An incalculable amount of good has been done by public playgrounds, parks, fresh-air movements, where children can play out in the open and enjoy the fresh air and sunshine. All the large cities have these advantages, but not enough. We need more parks, sand beds, playgrounds for the children and can well afford to supply them.

Feeding of the child is one of the very important things to which the physician should give his careful and conscientious attention. Overfeeding or improper feeding is responsible for nearly all the dyspeptic and diarrheal troubles of children. It is a significant fact that we are seldom called to see a baby with gastro-enteric trouble of any kind where the baby nurses the mother. Mother's milk is by all means the best food for the baby. In exceedingly rare instances it becomes

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necessary to wean the baby, and unless there is cause, do not take the baby from the breast.

The next best food is cow's milk. The cow's milk must be modified to suit each and every child. Some will thrive and do well on milk and water, equal parts, others will do best when cream and sugar are added to the dilution, and when there is slight diarrhea, one-third to one-half the diluting fluid should be lime water. Gradually increase the amount of milk as the child grows older. It is so easy for the doctor to say, get such or such a food and try that. Stop—think! Why do you order cow's milk or a specified food? What does the child want, need? Study the baby first, determine in your own mind what you want it to have, how much proteids, fats, sugar, lime salts; then order your food accordingly. Feed the child a specified amount of liquid, after it is prepared, and then have a certain time to feed it; train the child at the start.

A very important point is the care of the nipples and bottles. Have four or five nipples, two or more bottles, the nipples attached directly to the mouth of the bottle. Give plain and specific directions for their care; have the nipples turned wrong side out and washed, and placed in borax water, rinse, and place in sterilized water. Scald the bottle after each feeding. Never use a nipple or bottle for more than one feeding without washing. The old adage "An ounce of prevention is worth a pound of cure" can nowhere be verified more effectively than in feeding babies and dealing with gastro-enteric lesions of childhood.

The clothing is very important also. All clothing should be made loose and of light material; light weight flannel is best; if skin is sensitive use muslin, linen or some cotton goods. Bathing should not be overlooked in the sick child where there is fever. Be sure that the child is dried thoroughly. Soft linen towel is the best for this purpose. The napkins should be changed as soon as soiled, washed and boiled, and sun-dried if possible. Use an absorbent dusting powder, bland, non-irritating, such as lycopodium, bismuth, boric acid or talcum. Attention to these details will prevent excoriations of the buttocks and genitals which sometimes is very annoying and distressing.

Many cases of simple diarrhea can be controlled without giving very much, if any, medicine, but no case, however slight, should be neglected, for it will be remembered that cholera infantum nearly always starts this way, and the results are doubtful.

Nearly all the trouble in summer diarrheas is dyspepsia at first, and frequently caused by some irritating ingesta in the alimentary tract.

If you see the case early, it is well to remove this irritation. Castor oil is the best remedy where it can be tolerated. It is soothing to the inflamed mucous membrane and its action is thorough. High colon irrigation is good, especially where the lower bowel is irritated, and there is tenesmus. It is not always advisable to cleanse or wash the stomach, though some authorities recommend this as a routine treatment, particularly in cholera infantum. Where the child is retching and vomiting and the ejected matter is sour and contains undigested particles of food, thorough washing of the stomach is advisable. This can be accomplished by giving copious draughts of water. This will be vomited almost as soon as taken. After the stomach is washed, restrict the water to a teaspoonful, but this can be given every few minutes, and will partially quench the thirst. Ice is better, a small quantity at a time, and if child is young, wrap a piece of ice in a thin cloth, and let it suck it. Keep the child in the recumbent position, wrap its feet in flannel, if cold, and apply heat to them, hot irons, plates—anything that will hold heat. Dry heat is better than moist, therefore above is recommended instead of the hot-water bottle. When the fever is high, bathing in hot water, using a fan at the same time gently, is good. If brain complications, use cold pack or ice bag to the head, with the hot bathing.

Dry, harsh, hot skin, high fever, tongue pointed and red, pulse small and rapid, give sp. tr. aconite, two to five drops, sp. tr. ipecac, five drops to four ounces water, one teaspoonful every

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thirty minutes to an hour. If high fever, expressionless mouth, pallid and coated tongue, substitute sp. tr. nux vomica for the ipecac.

These symptoms without fever, give nux alone. In some cases we will have bright eyes, contracted pupils, face flushed, restless, showing irritation of the brain. Gelsemium is the remedy. Of this give five to twenty drops to four ounces water, teaspoonful every hour. Others will be drowsy, sleepy, coma, showing determination and congestion. Belladonna is the remedy—two to five drops to four ounces water, teaspoonful every one or two hours. Sometimes we will find the child suffering with colicky pains, stomach distended with gas; here give colocynth, one to five drops to four ounces water, teaspoonful every thirty minutes. There are cases in which the child is extremely restless, starts in his sleep, awakes frightened, cries out shrilly, and has a pinched expression about the eyes, showing irritation at base of brain. The symptoms are characteristic, and when we have them, rhus tox is the remedy, and will quiet the irritation of the stomach and check the diarrhea.

We will often find the mucous membrane of the mouth red, and general indications for an acid. Muriatic acid, highly diluted, will answer a good purpose, and may be given in the water you give the child to drink. Again there will be the indication for an alkali—sodium bicarbonate in the water or glyco-thymoline, highly diluted.

Where pulse is soft, compressible, relaxed and pale skin, cold extremities, quinine inunction.

Marked prostration in cholera infantum, saline solution should not be overlooked. This will many times quench the thirst and stimulate the child. Forty-five grains to pint. This can be repeated.

Convalescence will be slow and tedious and requires a great deal of care. All indiscretions in diet must be studiously avoided; and the tonics selected carefully.

Let me repeat the old adage, "an ounce of prevention is worth a pound of cure," and Doctor, if you study it and practice it, you will find it is true.

806 Freeman Avenue,

[Written for the MEDICAL BRIEF.]

Is the Whoop a Pathognomonic Sign of Pertussis?

BY LEFFERTS A. M'CLELLAND, M. D.,
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Among the most troublesome coughs, which present themselves at times for treatment in the office of the laryngologist, none is more distressing to the patient, and troublesome to the general practitioner, than a cough closely allied in its manifestations to the famous cough of pertussis, so difficult of speedy relief, and so unsatisfactory to treat.

It is a genuine "whooping cough," to which I refer, which is not dependent for its cause on contagion, but is due entirely to mechanical irritation. Titillation, or irritation, of the hyperesthetic area of those suffering from this symptom will promptly cause an explosive, projectile cough of such violence that the spasm produced will only end at times when exhaustion ensues. This is followed by loud crowing accents, due to the kink in the glottis, giving a genuine prolonged whoop as in the true whooping cough explosion calculated to deceive any ear as to its etiology, for the spasm is identical with that found in the second stage of pertussis.

From these observations it becomes evident that the character of the cough, which has so generally been supposed to be the one pathognomonic symptom of pertussis, is in reality insufficient as a single diagnostic sign.

A patient comes to the office, after having used the usual remedies in vain, complaining of no special symptoms other than a persistent cough excited by weather changes in which humidity plays a leading part. She (for these manifestations most frequently appear in neurotic women) tells of the great distress she feels and her family suffers, and requests a careful examination of her lungs, for she fears some dread pulmonary compli-

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cation as her cough, which assumes dreadful attacks of a spasmodic sort, has been diagnosed as "whooping cough" by her physician, who has failed to change either its frequency or character. She may recite a history of a previous attack last year at the same season, when like failure in its treatment left no other relief than a change of climate. At times the whooping occurs several times daily, but she finds that most attacks appear while eating. Sleep is often disturbed, as the recumbent posture frequently precipitates paroxysms.

These are likely to last for a period, described by a patient seen to-day, of from one to three minutes, after which great cardiac palpitation and exhaustion are experienced. During the severe paroxysms of coughing, the eyes are suffused and lachrymose. The cellular tissue about the eyes becomes edematous, and the face livid owing to the embarrassed respiratory function acting upon the circulation. One such patient complained of actual loss of consciousness which frequently causes her to fall upon the floor. During the attack some support is found by clutching a chair, or other object, and some relief is obtained by holding her chest, and at other times, a compression of the abdominal organs supports the inguinal region where the strain is great. Involuntary micturition is induced, and other symptoms of diverted pressure add to the general discomfort of the patient.

In short, we have a series of symptoms characteristic of the typical whooping cough attack. It is most common in adults, although the author has seen one such attack in a nervous girl ten years old.

Examination of these patients between attacks shows nothing in the lungs except an ordinary bronchitis. This suggests an examination of the nose and throat and in the latter situation is plainly seen a hypertrophied lingual tonsil in contact with the upper epiglottis. Touch this with a probe covered with cotton, however gently, and an attack is forthwith produced in all its intensity. Again, if the lingual lymphatic enlargement is thoroughly cocainized, no such attack can be produced during the period of anesthesia, however roughly the part is pressed upon.

Here, then, is the focus of irritation, which through the disturbance of proper co-ordination between the superior laryngeal and recurrent laryngeal nerves, branches of the pneumogastric nerves, joined by filaments of the sympathetic nerves, have been put out of harmony with the resultant symptoms.

The treatment is clear and should be immediate. Ablation of the offending tonsil produces prompt cure. For this operation I prefer the Myles lingual tonsillotome, though discrete cauterization will suffice. A lozenge made of suprarenal capsule, as an active principle, has given temporary relief where an operation was not expedient.

78 McDonough Street.

[Written for the MEDICAL BRIEF.]

Some of the Physiological Uses and the Formation of the Adipose Tissue of the Body and Its Relation and that of Fat Foods to the Prevention of Tuberculosis—The Absolute Cure of Tuberculosis by Subcutaneous Injections of Oil.

BY THOS. BASSETT KEYES, M. D.,

First Chairman of the Organization Committee of the American Congress of Tuberculosis, and one of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis, 1904. Chicago, Ill.

ADIPOSE TISSUE HAS NOT RECEIVED THE STUDY FROM PHYSIOLOGISTS IT MERITS.

The physiological use of the adipose tissue of the body and its relation to the prevention of disease has not received the study which it merits, though it is only possible for me to direct the attention of physiologists who should make more detailed studies as to the relation of adipose tissue to other more vital tissues of the body than is given in any of the standard text books on physiology. At the present time it requires long and patient search of special articles on this subject mostly by foreign physiologists, and then it is only possible to glean a few facts from each article, there being no thorough and complete study as a whole

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on this subject. After reviewing all of the literature on the subject of adipose tissue, obesity, *et hoc genus omne*, and from careful observations of people and disease I am able to draw the following conclusions as set forth in this paper, and that which is quoted on the subject considered has been because it meets with my own observations or because we may draw from them certain conclusions, and represents the ideas as a whole of the majority of observers on this question. Too much attention is given to the nonsense that fat is a disease. Our most conscientious physicians who make a speciality of reducing obesity agree that it is not a disease until it reaches such proportions as to interfere with the circulation and other organs, and then in the true sense of the word is not a disease, and that in the reduction of obesity it must be done slowly and with great care least harmful results follow, and as a rule is done to please the patient's esthetic sense rather than for health.

Simplest Use to Protect the Vitality of Tissues and Thus Enable Them to Throw Off Disease.

That adipose tissue is useful and that one of its functions is the prevention of disease can not be denied by any who will give it even brief consideration. Fat by covering the body protects it from cold and the effects of cold, which are many. To illustrate this we may refer to the incident related by that eminent physician, T. Lauder Brunton, M. D., F. R. S., published in the *Practitioner*, of London, 1878, of the then champion swimmer of England, Johnson, who attempted to swim the English Channel, but his strength failed, and when he was lifted into the boat by those who accompanied him, his limbs hung utterly powerless, which seemed to be due not so much from real muscular exhaustion, but to the effect of cold. Later the same feat was tried by Captain Welch, and many predicted that he would fail, not on account of lack of physical endurance, but on account of cold. Welch was fat; he succeeded in the attempt and Brunton concludes that this was largely due to the thick coat of subcutaneous fat which covered him. When bodily tissue cools down from exposure to cold water or any other influence we know that the muscles refuse to co-ordinate; the nerves which supply it do not convey the impulses and the muscles will not respond. From this we are to conclude that fat protects the body from exposure, which protection keeps the other tissues from exhaustion, and thus from their own protected vitality they are better able to repair their waste and throw off disease, but this is the most simple and the least of the physiological uses of adipose tissue.

Adipose Tissue the Wealth of the Body. Its Greatest Use Being to Prevent Disease and Supply Nutriment for Diseased and Famished Tissues.

The greater use of adipose tissue is to serve as a supply of nutriment for other more vital tissues of the body, to all of which it is intimately connected. To illustrate this let us take some of the cases of fasting that have been recorded. Fasting for experimental purposes has been carried on through the lower animals and, of course, if continued, results in starvation. If all food is withheld all tissues must yield their fat and other nutriment to carry on these functions. Adipose tissue yields first and most to co-operate with other more functional vital tissues, and it would, therefore, seem that this tissue was stored up in the body to feed these other tissues in case of need or necessity, as in wasting diseases or in the hibernating animals. In animals which are partly starved there is a large waste of tissue of the body, first principally fat, and then of the glandular organs engaged in metabolic activity, and in these animals as well as in man, as often observed in fevers after continued partial fasting, there is often loss of appetite and sometimes extreme inanition, which has resulted fatally, the body becoming so exhausted that food would not be accepted and acted upon by digestion and assimilation. It will readily be seen that there is a resemblance of the effects produced on fasting animals and half-starved fever patients to tubercular sufferers, in that a habit of not eating sufficient is produced, and as stated before when they are put on a full diet again they often do not eat a

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sufficient quantity, like the tubercular patient who unconsciously has left all the fat from his meat, and eats very little of butter, oil and cream, and finally after a term of partial starvation there results exhaustion and anorexia, and it is very difficult to train these patients back to a proper diet; for this reason feeding in some fevers has been carried on in a more intelligent way than formerly, that convalescence might not be impaired from anorexia and inanition, for it is observed that appetite may become largely a matter of habit. If our patients become used to eating large amounts of fats, butter, and oils they will soon learn to like them and see the dependence which their body places upon them.

A series of experiments in fat starvation were published in the *Journal of Experimental Medicine*, New York, 1898, III, p. 293, carried on by Dr. C. A. Herter, undertaken to determine as to whether the lesions of rachitis or similar diseases could be produced in growing animals by withholding fats from them as food so far as it was practicable to do so, the inquiry according to the author being "Suggested by the alleged frequently low fat content of the milk of women whose children have grown rachitic on breast milk, by the occurrence of rachitis in children fed largely on condensed milk, which is poor in fat, and by the fact that clinical indications of rachitis are often lessened by a diet rich in fats." The animals which he selected were pigs, which to my mind would be less apt to succumb to the disease, tuberculosis, in any of its forms as rachitis, for the reason of the good appetite and digestive powers of the hog and its well-known ability to turn into fat or adipose tissue most any kind of food which it eats, this tissue being manufactured probably to a greater or lesser extent from most kinds of food. The cow does not eat much of food containing fats, yet yields in her milk large amounts. I note that nothing was said of loss of appetite in the fasting pigs, a frequent symptom, as stated before in other partially starved animals. After relating his experiments with a number of pigs fed on milk treated by a centrifuge, to remove as far as practical all the traces of fats, he sums up his experiments as follows:

"It was found that a growing pig which lived exclusively on nearly fatless milk for about one year, was retarded in growth, suffered markedly in nutrition and developed a hemorrhagic eruption and marked weakness of the extremities; that another pig kept on the same diet for sixty-six weeks developed the same clinical conditions, excepting hemorrhagic spots, but in less marked degree; and that a third animal which lived on a diet much restricted in proteids and fats, but with a great excess of carbohydrates, though more retarded in growth, suffered distinctly less in general nutrition and apparently in a different manner in several respects." After relating more experiments he draws the following inferences: "1. The lesions resulting from fat starvation, at least in the case of pigs, do not resemble or even suggest those of rachitis. 2. Prolonged fat starvation leads to the entire disappearance of fat from the adipose tissue. The form of fat atrophy observed as the result of experimental fat starvation corresponds to the serous fat atrophy described by Fleming, and is essentially the same type of fat atrophy as that found in the epicardial and perirenal fat in the human subject as the result of wasting disease. 3. The lecithins of the brain and the fat of the liver are not materially reduced by fat starvation. 4. Fat starvation does not lead to advanced serous fat atrophy of the subcutaneous fat if the animal be given a large excess of carbohydrates and proteid constituents of milk. 5. Fat starvation causes a very imperfect absorption of the salts P_2O_5 from the intestine."

Poor Digestion of Phosphatic Salts in Fat Starvation.

To me this essay has been most valuable from the fact that it has called my attention to the imperfect absorption of phosphates in fat starvation which, coupled with the facts that loss of phosphates often precedes a breaking down of the health of the body, and that the tubercular patient as a rule starves himself of fats, it is reasonable under such circumstances to expect faulty assimilation of the phosphates from the food, and we can

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also see why phosphates administered in the form of various medicines do some tubercular patients much good, while in others they are valueless; and it is not too far fetched to expect a much larger digestion and assimilation of the phosphatic salts from the intestine when subcutaneous injections of oil are made, this being digested or absorbed very rapidly by the blood, and perhaps the blood in this condition finds more use for the phosphates, since fat absorption and phosphatic absorption may be so closely connected, and thus it is that I sometimes combine with my treatment of subcutaneous injections of oil for tuberculosis, phosphates internally.

Fat Foods Produce Immunity from the Disease Tuberculosis.

If a fleshy person says that he fears that he is getting tuberculosis, it is taken as a joke, for it is commonly the thin, under-nourished, and particularly the under-fed, or a person with a small appetite who does not eat of fats who has tuberculosis. While it is true that all persons who are fat are not healthy, it is true only as a rule of those anemic adipose people, sometimes children, who take on flesh from hydrocarbons and not from eating fat; while on the other hand the fleshy person who keeps up his adipose tissue from the eating of fats never has tuberculosis. By eating plenty of fats we make ourselves immune from the disease tuberculosis.

One of the best articles ever published on the subject of tuberculosis was written half a century ago, and shows that the writer was a master of the disease so far as has been possible with little improvement to the present day, and which includes most of the best part and plan of the treatment of tuberculosis, though from which many physicians have strayed in their quest of knowledge following some ignis fatuus into the tangled marsh of this baffling disease, only to return in such instances when common sense and a half century or more of fat and oil feeding has demonstrated its value over all other methods, medicines and manner of treatment of the disease tuberculosis. True some good has come thereby in the relief of symptoms, but if we wish to cure our patients, and prevent the disease, it must be by forcing the fats, and to this end everything that will increase fat assimilation is beneficial—to aid in this out-of-door camp life is most useful.

Let us now consider some of the points in the article above referred to, all of which could be reproduced with benefit, and to all of which I agree. The article by David J. Brakenridge, M. D., F. R. C. P., L. R. C. S., Edinb., published in the *Medical Times* so far back as 1868, vol. I, page 633, entitled:

On the Influence of a Digestive Habit in the Production of Tuberculosis, and the Indications for Treatment Drawn Therefrom.

Among other things he says: "Many authorities are now amongst the number of those who believe that the immediate cause of tuberculosis is a deficiency in the chyle of those oily matters which, together with albumen, are essential to the formation of a true nutritive blastema, Most physicians if they do not go so far, are at least of the opinion that deficiency of fats is, in some manner or other, at the root of this condition, and that in the means of supplying that deficiency lies the hope of its successful treatment. In the great majority of cases there is a marked dislike of and want of power to digest fats, and every effort is made by tonics and other means to overcome this dislike; too often in vain, or with only partial success." No more true observations of tuberculosis could be made than these. Further, he says: "Without entering into the whole subject of tuberculosis, I shall endeavor under the following heads to explain my views more particularly:

"1. The digestion and non-digestion of different kinds of food may and do become habitual.

"2. The condition of body favoring the development of tuberculosis is a habit of non-digestion of fat.

"3. The causes of this habit are such conditions as diminish the consumption of and consequent demand for fat in the system, *e. g.*, warmth, impure air, want of exercise etc.

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"4. In the treatment of this condition, the indications are to break the habit, and to restore the lost power of digestion of oil.

"5. This will best be done by supplying in increased force what we find to be the chief stimulants to the digestion of fat, *e. g.*, cold, pure air, exercise, etc., and by avoiding all that would tend to confirm the bad habit.

"6. Summer is, therefore, more to be dreaded than winter in the tubercular diathesis, and safety to be sought rather in choosing a cool, bracing climate in the former season, than in the opposite and usual course."

After speaking of the first division, that the digestion and non-digestion of different kinds of food may and do become habitual (1) which, if space permitted, is meritorious enough to be repeated in full, he takes up the second division, that condition of body favoring the development of tuberculosis as a habit of non-digestion of fat.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Puerperal Fever and Its Treatment by Vaginal Hysterectomy.*

BY A. VINCENT, M. D.,

Professor of Clinical Surgery at the Faculty of Medicine of Algiers; Surgeon to the Civil Hospital, Mustapha.
Algiers.

In some instances it is easy enough to diagnose deciduoma malignum, a neoplastic formation which, it is well known, occurs in women from a few days to several months after delivery. The principal symptoms of the presence of the growth is profuse, obstinate and repeated hemorrhage from the uterus, the patient rapidly becomes cachetic owing to constitutional intoxication consequent upon the absorption of neoplastic secretions, and is prostrated by frequent attacks of high fever. This symptomatology is sometimes met with in certain cases of puerperal fever, associated with retention of the placenta. When, after labor, the uterus is incompletely emptied, and the after care of the parturient woman is inadequate, we are apt to witness the supervention of a series of symptoms which, very rightly, inspire great anxiety, viz.: uterine hemorrhage, followed by indications of infection. In other cases retention of the placenta causes no obvious inconvenience, and is not attended by any immediate mischief. It is by no means unusual for a large portion of placenta to remain inside the uterus for three or four weeks without attracting attention. In such cases, if anything is reported to have run a normal course at and after delivery, and especially when we are informed that the uterus has subsequently been curetted, we may be thrown off our guard, and assume forthwith that the uterus is empty. Under these circumstances the diagnosis of retained placenta may be impossible to affirm. If then we get hemorrhage and fever, and if cachexia makes rapid strides, we may be driven to discuss the possibility of the case being one of deciduoma malignum. This source of error may be obviated, apart from the information afforded by microscopical examination, by digital examination of the uterus, which permits of our making out the well-marked nodules of the uterine wall rendered friable by infection. Nové-Josserand has provided us with a very clear description of the characteristic features of this neoplasm. It may also be obviated if we bear in mind that a uterus which is the seat of deciduoma malignum rapidly increases in size after coming under observation, its outline becomes irregular, and at the same time we get metastases in the lungs, vagina, ovaries and broad ligaments. Lastly, in cases of deciduoma malignum curettage of the uterus never completely arrests the hemorrhage.

I recently had under my care a young married woman, age twenty-two, who had gone through a normal labor with her second child, on May 12, 1903. She was attended by her mother, who declared that everything went off smoothly. A month later, after a period of apparent good health, she began to lose a certain quantity of blood daily. A doctor was called in who, having failed to stop the bleeding by vaginal plugging, had recourse to curettage on July 18th. During

*Translated and edited by Alfred S. Gubb, M. D. (Paris), M. R. C. S., Etc., Mustapha Superieur.

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the next three weeks the patient appeared to be doing well, when suddenly she had profuse flooding, which persisted in spite of treatment for several days. The uterus was again curetted on August 4th, with the same fugitive benefit, but a fortnight later the hemorrhage recurred, in sharp attacks of variable duration, with the expulsion of clots and pieces of "decomposed flesh" so fetid as to alarm the patient's friends.

At this stage the patient became irregularly febrile, the temperature reaching 39° or 40° C. for three or four days, followed by an apyretic period of about the same duration. The attacks of fever were accompanied by frequent colicky pain, and increase of the hemorrhage. Her strength failed rapidly, and her general state was so menacing that when Dr. Marini, who was called in consultation, examined her, she fainted outright and remained without consciousness for some time.

Metrorrhagia supervening a month after delivery, apart from any pyrexia, and following what appeared to have been a normal labor, the fetid discharge unrelieved by two successive currettings, suggested deciduoma. Ultimately the patient was brought to Algiers about some four months after the onset of the fever.

Her condition on admission to hospital was one of exceeding gravity, in fact, she was almost moribund. Two months' infection had left her with a waxen, pallid complexion, she was extremely debilitated and her temperature oscillated between 39° and 40° C., each rise being accompanied by severe, prolonged rigors. The pulse was thready, one hundred and forty per minute. The urine contained albumen and urobilin.

The abdomen was moderately distended and was not tender on pressure. Vaginal examination revealed a soft, patulous cervix, the appendages appeared to be healthy, but there was a copious ichorous blood-stained vaginal discharge.

In view of the history of the case the patient was thought to be suffering from puerperal infection, with the possibility of their being a deciduous growth, seeing that the uterus had been twice curetted. The only treatment that suggested itself was a radical operation, hysterectomy. This was done on December 11, per vaginam, under ether, during an apyretic period. The operation from beginning to end only lasting twelve minutes, and there was little or no shock.

On the following day the temperature again rose to 37.6° C., and the pulse to one hundred and thirty, and during the next six days it was 38.2°, 38.4°, 38.6° and 37° C. The vaginal incision allowed the broad ligaments to disgorge themselves and for several days a large quantity of fetid liquid continued to drain away from the abdomen.

She was given repeated injections of normal saline solution with tonics, cacodylate of soda, iron, etc., and she slowly improved so that in two months after admission she was enabled to take her discharge, completely restored to health.

The uterus after removal, about the size of the closed fist, was thick-walled, but otherwise normal in appearance. In the right fornix was found a fragment of placenta the size of a tangerine orange, green with putrefaction and intensely fetid. It was very friable and broke down readily, except at its edges, which were adherent to the uterine walls.

It will now be seen how important is a correct diagnosis of such a case taken at the onset. Had it been recognized to be a case of simple infection, thorough curettage would have sufficed, while in presence of a deciduoma the advisability of having recourse to hysterectomy can not be called in question. In this particular instance, in spite of the probability of its being one of puerperal infection, curetting could only be palliative and could not be trusted to save the patient's life. Moreover, curetting the uterus at this stage would infallibly have thrown open wide the door to the micro-organisms already present within the uterus, which could not have been thoroughly removed and the free absorption of toxins would have achieved the patient's discomfiture. Moreover, curettage would not have provided for the drainage of the periuterine tissues and the discharge of the fetid secretions.

Hysterectomy then was our only resource to save life. The practitioners who subjected the unfortunate woman to

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a journey of three hundred kilometres in her then condition quite realized that hysterectomy afforded the only possible chance of rescuing her from her fate. Obviously had the case been one of deciduoma malignum the operation would have proved useless at this advanced stage, whereas, if the case were only one of puerperal infection prompt ablation of the uterus, by removing the seat of the mischief, would be likely to bring the infective process to an end.

I am aware that the desirability of surgical intervention in these cases has been much discussed and that very different conclusions have been arrived at. Nevertheless from these discussions and the cases on which they are based we may safely deduce certain conclusions, though there are cases in which doubt must remain and the temperament of the surgeon is the factor which will decide the course to be pursued.

Hysterectomy can not be justified in the hypertoxic form of puerperal infection which kills before there has been time for local lesions to form; it is clearly indicated, on the contrary, in the localized forms of infection in which the lesion bears both on the uterine adnexa as well as when the uterus alone is involved in the process.

It is in the genital tract that the toxins originate, which give rise to the constitutional symptoms of intoxication. If we remove the source of the mischief we stand a good chance of arresting the septicemic process. We must, of course, begin with local measures, intra-uterine irrigation, curettage and plugging the uterine cavity with iodized dressings, but if they fail we must not hesitate to have recourse to hysterectomy as a final and radical measure.

In the above case I had no hesitation in performing hysterectomy forthwith, for a fatal outcome was otherwise inevitable, the patient being intensely cachectic, with high fever, rigors and abundant hemorrhages. The waxen skin and the thready pulse confirmed our diagnosis of the gravity of the condition.

Abdominal hysterectomy is usually selected because the softened uterine tissue yields too readily to the traction of forceps, thus creating considerable difficulty in the attempt to remove it per vaginam. I selected the latter method, however, by reason of the fact that it involves less disturbance of parts, less traumatism in fact, and because it is much more easy of performance, especially as, at this period after delivery, the uterine tissue has regained its normal resistance. It was, moreover, of the greatest importance to reduce the operative shock, and obviously this could best be ensured by the shortest and easiest operation.

[Written for the MEDICAL BRIEF.]

Treatment of Dysmenorrhea.

BY ALFRED DE ROULET, B. S., M. D.,

Formerly Professor of Diseases of Women in the Medical Department of Trinity University. Chicago, Ill.

Normal menstruation is supposed to be a painless process, and although most women suffer more or less discomfort at each period, ordinarily the pain is not severe enough to constitute a genuine dysmenorrhea.

The causes of dysmenorrhea are many and varied and differ with the patient's age, habits and social condition. Among young women and girls the more common causes are imperfect physical development, neurasthenia, hysteria, anemia, indigestion, constipation, exposure to cold, and insufficient or improper clothing. In older women the trouble may be due to the development of new growths, inflammatory conditions, injuries incident to parturition, and measures to prevent conception, in addition to the various constitutional disorders. Many authors consider masturbation a cause of dysmenorrhea, but I doubt this very much, as there is no positive evidence to support such a belief. In many cases the trouble is caused by a stenosis of the cervical canal combined with an imperfect development of the tissues of the uterus and fallopian tubes. The tissues do not possess sufficient elasticity to allow for the congestion incident to menstruation, consequently pressure is exerted on the nerve fibres and pain results. The spasmodic contractions of the uterus attempting to force the menstrual discharge past the stenosis increases the pain.

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The manifestations of pain in dysmenorrhea are exceedingly varied. Some women experience severe pain when standing or moving about and little or none when lying down; others are in great distress until the flow is established, after which they experience complete relief; some suffer excruciating pain during the flow and little or none either before or after; in others the pain is slight at the beginning, but rapidly increases in severity until it reaches a climax when it terminates suddenly with a gush of blood. After an interval of comparative relief this process is repeated. The seat of the pain varies greatly in different women. In a vast majority of cases it is most severe in the hypogastrium, the pains not infrequently girdling the pelvis and extending down the legs. Backache is usually present and small, sharply-defined painful areas frequently occur over one or both ovaries. In many cases the patient complains that the pain is much more severe on one side than on the other, and incorrectly attributes the trouble to the ovary on the affected side. The fallopian tubes are active participants in menstruation and a slight abnormality in the tube may cause severe dysmenorrhea. The comparative frequency of sterility in this class of patients is not surprising, the cause being, not ovarian incapacity, but rather, occlusion of the tubes.

In addition to the purely local symptoms, dysmenorrhea patients usually complain of various unpleasant constitutional or reflex troubles, as headache, vertigo, mental depression, hysteria, nausea, vomiting, fainting, etc.

In every case of dysmenorrhea a careful investigation of the patient's general condition is of as much importance as a thorough examination of the pelvic organs. There is an unfortunate notion current that while a searching investigation is essential to a correct diagnosis in a matron, guess work is good enough for the young and innocent. Personally I am unable to make a more accurate guess at the contents of a virgin pelvis than one not so virgin.

The examiner should not fall into the error of considering the first abnormality detected to be the cause of the trouble. For example, supposing a slight displacement is found; it is not reasonable to attribute the dysmenorrhea to the displacement alone, as multitudes of displacements give rise to no symptoms whatsoever. Investigate the cause of the displacement and it is not improbable that you will find the actual cause of the dysmenorrhea. In young women, at the close of a year's hard work in school, displacements are comparatively common and dysmenorrhea is the rule, but the displacement is not the cause of the dysmenorrhea. These patients are usually run down physically, anemic, with poor appetite and digestion, bowels constipated, etc., yet a few months later when they return to school with their general health improved by changed surroundings and outdoor life, the dysmenorrhea has vanished and the displacement disappeared. In a case of this kind the displacement was but one of many symptoms of lowered systemic tone, and treatment directed to the pelvic organs only would have resulted in failure.

Of the remedial measures there are some which are of considerable value and many which are worthless. Some gynecologists assert that the administration of drugs is a farce and that any benefits following their use is due entirely to mental impression. Personally, I have never noticed that a patient with dysmenorrhea was remarkably susceptible to suggestion regarding the imaginary nature of her pain. The experience of many competent observers would seem sufficient to establish the value of such drugs as viburnum, cimicifuga, piscidia, cannabis indica, and sumbul.

It is illogical to speak of any routine treatment for dysmenorrhea, as the requirements of every case vary with the cause. There is only one rule that is universally applicable, and that is "never administer an opiate for painful menstruation." The relief is too short lived, the effect on the patient is bad and the danger of the opium habit too great.

In young and undeveloped girls it is advisable to avoid local treatment as far as possible, but to pay special attention to the constitutional treatment. Time, general tonics, and gymnastic exercises, preferably in the open air, together with

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hygienic surroundings and proper modes of living, will accomplish wonders in the correction of developmental shortcomings. It should be borne in mind that in all cases of dysmenorrhea due to imperfect development, operative measures will not only do no good, but will often aggravate existing conditions by producing post-operative tenderness.

In dysmenorrhea caused by pelvic inflammations there is a small, but well-defined class of cases in which operative measures are indicated, and where prompt improvement follows the operation in a very gratifying manner. When operation is not deemed advisable or is refused by the patient, I have found of considerable value topical applications of iodine or ichthyol to the cervix and vaginal vault, followed by glycerine and ichthyol tampons, this treatment being continued during the entire intermenstrual period. In chronic inflammations pelvic massage is beneficial. If the cervix shows marked hyperemia scarification is indicated. Immediately preceding menstruation saline cathartics should be given till the bowels are moving freely. During menstruation, if the paroxysms of pain become very severe, hot (110° F.) vaginal douches continued for fifteen to thirty minutes will relieve the congestion, and to a certain extent alleviate the pain. The effect of the injection is augmented by hot applications to the lower abdomen. As a uterine sedative I have used the following prescription of Dr. J. H. Nixon, with excellent results:

℞	Hydrarg. Bichlor.	½ grain.
	Pulv. Capsic	4 grains.
	Hydrast. Sulph.	10 grains.
	Ext. Piscidiæ	20 grains.
	Ext. Viburn. Prun.	1 drachm.
	Ext. Sumbul	½ drachm.
	Ext. Saw Palm.	½ drachm.

M. et ft. pil. No. 40. Sig.: Two pills after each meal.

In the obstructive type of dysmenorrhea, dilatation of the cervix is necessary, preferably rapid dilatation under an anesthetic. If for any reason the patient refuses to take an anesthetic, sponge or laminaria tents may be used and the canal dilated gradually. When the tents are employed, however, great care must be taken to prevent infection. At the first menstrual period after the cervix has been dilated the patient will probably have considerably more pain than usual as a result of the bruising of the tissues, but subsequently great improvement may be expected.

34 Washington Street.

[Written for the MEDICAL BRIEF.]

Osteo-Myelitis in Cerebro-Spinal Meningitis.

BY H. A. HAUBOLD, M. D.,

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Owing to the prevalence of cerebro-spinal meningitis in New York City, a complication which occurs in this disease not infrequently and which is liable to be overlooked, is that of osteo-myelitis.

An illustrative case which recently came under the observation of the writer is as follows:

M. S., aged nine months, developed a rather mild form of cerebro-spinal meningitis. While apparently making an uneventful recovery, two weeks after the disappearance of the eruption the proximal phalanx of the ring finger of the left hand began to swell. The swelling was painful and apparently involved the entire bone. Neither the proximal nor the distal articulations seemed to be involved. The general condition of the child was to all appearances uninfluenced by this complication. There was no redness, and the growth increased so rapidly that at the end of eight days the bone had enlarged to more than twice its normal size.

At this time the case was regarded as one of osteo-sarcoma. A radiograph showed a simple thickening of the bone, the center of which appeared to be breaking down. There was no involvement of the contiguous lymphatics, and, indeed, none of the classical symptoms of inflammation. Operative interference was suggested, with the understanding that in case exploration developed the fact that it was an osteo-sarcoma, amputation was to be done near the elbow joint.

About this time a slight redness appeared on the outer side of the phalanx and this rendered less probable the original diagnosis of osteo-sarcoma, and it was

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the belief of the gentlemen in charge of the case that it was one of tuberculosis of the bone.

The family physician incised the red area, and a drachm of prune juice pus was discharged. At this time the writer saw the case and bearing in mind how frequently osteo-myelitis occurs as a complication of such diseases as typhoid fever, lobar pneumonia and scarlatina, it was concluded that this was one of those cases of infective osteo-myelitis involving the diaphysis. It was important in this young patient's case (a girl) to save the contour of the hand, and if the conclusion was correct and both epiphyses were not involved in the disease process, it seemed probable that an atypical resection (subperiosteal) of the diaphysis could be made, leaving the articulating surfaces unimpaired and preserving the usefulness of the finger. Accordingly, an incision was made over the dorsum of the finger, avoiding the tendon, and a distinct sinus found, leading to a sequestrum which consisted of only the diaphysis surrounded by an involucrum, the latter appearing healthy, and bled readily upon manipulation. It was a simple matter to split the involucrum, resect the sequestrum, wash freely the wound with an antiseptic solution, dust in some powdered iodoform, drain the cavity with cat gut through the sinus and close the dorsal wound by suture.

The outcome of the case justified the procedure, as the child has made an uneventful recovery.

The general practitioner is admonished to look carefully for bone complications in a disease which must of necessity involve great systemic infection of all the systems of the body. Bone diseases in children, if not malignant, have a favorable prognosis, and if these cases are radically treated early in the disease mutilation may in many instances be avoided.

140 East Seventy-Second Street.

You will find enclosed one dollar for the MEDICAL BRIEF another year. I have been reading it since I began studying medicine, and think it is the best that comes to my desk.—I. D. WALKER, M. D., Antlers, I. T.

[Written for the MEDICAL BRIEF.]

The Cause and Treatment of Erotic Symptoms in Patients Suffering from Prostatic Hypertrophy.

BY CHARLES C. MILLER, M. D.,
Professor of Clinical Surgery, Harvey Medical College. Chicago. Ill.

The literature upon the subject of prostatic hypertrophy is large, and much attention has been given to the consideration of various methods of treatment, but there is one condition which has been passed over with a very scanty mention. That is the condition which we sometimes see in which the prostatic suffers from marked erotic symptoms. Any physician who has treated only a few patients with prostatic hypertrophy will probably have met with one or more patients who have manifested this erotic condition in their talk or actions, and it may become so extreme and annoying to the patient himself as to be the sole cause of his consulting a physician, although this is exceptional.

Writers have mentioned the fact that such a condition may develop with prostatic hypertrophy, and the subject has been passed over with this scanty mention, and the more attractive field of operative treatment has come in for detailed attention.

This erotic condition is due to prostatic hypertrophy only indirectly. When a patient develops prostatic hypertrophy in a great many instances, the perfect emptying of the bladder is interfered with, and as a result of this, infection of this organ is much more likely to develop. This infection, ultimately developing and becoming more or less severe, is often followed by an infection and a subacute or chronic inflammation of the prostatic urethra.

This inflammation will involve the area about the ejaculatory ducts, and, as a result, it is not surprising that infection of the seminal vesicles develops. This seminal vesicle infection and inflammation is the cause of the erotic symptoms, and not the prostatic hypertrophy, although the infection and chronic inflammation of the prostate may in small part be responsible for the erotic condition.

I wish to dwell for a moment upon the importance of this condition, and to bring

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out somewhat the unfortunate features of such a condition. Where the inflammation of the vesicles is not severe, and the erotic symptoms correspondingly mild, in the intelligent individual with self control, the condition may merely be a secret source of annoyance, and not suspecting anything of a pathological nature, the patient may be more or less proud of the fact, even while annoyed, that he is still keenly appreciative of the charms of the opposite sex. The degree of sexual erythism varies from this mild state to that degree where the thoughts are in large part sexual, the patient being forever in that unhappy state where every woman is looked upon with lustful eyes. Flirtations and advances are attempted with many women, indecent stories are listened to, treasured and retold with gusto, and the patient is viewed with disgust and anger by many. I have seen one of these patients at the age of seventy years maintaining a prostitute at an expense of fully a thousand dollars a year, this man being a widower, the father of several keen, shrewd, middle-aged business men, and he declaring that his licentiousness dated from his sixtieth year.

How often these patients have placed themselves in the most unfortunate positions, and caused untold suffering among their family and friends, and how often they have submitted to unmerciful blackmail, as the result of rash actions, due to their infirmity, no one will ever know, but it behooves the profession to take cognizance of the condition, to be alert to note it, and to make a most painstaking effort to relieve it, whether demanded by the patient or not.

How shall we diagnose the condition? It behooves us to suspect it in every patient who has passed the age of fifty, and who shows a disposition to be lustful. More than this, we should attempt to discover even the milder symptoms of this condition in all patients who consult us with prostatic hypertrophy. The patient may be exercising a powerful will to master this disposition, which he has recognized as dangerous, and if we are on the alert we may discover such, and be thus placed in a position to render the patient assistance.

Rectal digital examination will usually reveal physical conditions which assure us of the abnormal condition of the vesicles. It may be impossible to note any enlargement of the prostate by palpation through the rectum. In other cases, this organ will be somewhat enlarged, and somewhat boggy and tender, or again it may be enlarged but firm, and sufficiently insensitive as to exclude any distinct inflammation, and finally in a few cases it may be so enormously enlarged that the finger can not reach its upper limits.

The condition of the seminal vesicles, when they can be reached by the finger, will be found to vary somewhat. In some cases they will be large, irregular pulpy masses, extending upward and outward from the upper margin of the prostate. In other cases they will not be greatly distended or thickened, but, in all cases, when they can be reached, they will be felt thickened, and somewhat distended. Where the enlargement of the prostate is very great, they may be out of reach of the finger. The contents of the vesicles should be expressed by firm digital pressure, and the patient should then be allowed to urinate. The contents of the vesicles will thus be washed out in the urine, and can be seen by the examiner. If secretions can thus be expressed in any considerable quantity from the vesicles of the aged, one can take it for granted that they are diseased.

Where the vesicles are out of reach of the fingers, they should be massaged with one of the special instruments designed for this purpose, and when the patient urinates subsequent to the massage, it can be seen whether they were distended or not.

By far the most important treatment of these cases will be by the thorough massage, repeated from every four to eight days, according to indications.

To empty the vesicles, pressure must be firm. This may produce an irritation, and if such is produced, the interval between massages must be lengthened. The massage at first is repeated every fourth day. When a decided improvement has occurred, the interval should be lengthened to once a week, but one must not be in any haste to discontinue the massage, ex-

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cept temporarily, where an irritation has been excited.

Internal treatment will be entirely secondary to this local treatment. If the urine is ammoniacal, this should be overcome by appropriate medication.

Close attention should be given to hygienic surroundings, diet, clothing and habits of life. It may be impossible to secure relief in some cases until the prostatic obstruction has been overcome, and with it the co-incident inflammation of the prostate and bladder.

Intra-urethral medication by injections or irrigations, or through the urethroscope, will not prove of value, or at least such means of treatment have not in my hands.

100 State Street.

[Written for the MEDICAL BRIEF.]

The Value of Analysis of Gastric Contents.

BY FRITZ C. ASKENSTEDT, M. D.,

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Louisville, Ky.

No one will deny that a large proportion of cases of stomach disorders which come under treatment are quickly and satisfactorily cured with remedies selected on purely symptomatic indications, without any reference to diagnosis. It is equally true that in many instances we fail entirely to afford the patients the relief sought for, and it is these cases which tax our ingenuity and skill, requiring for their successful management not only properly selected medicines, but careful hygienic and dietetic measures based on a definite knowledge of the pathological condition present, for it is evident that an organ whose function is so greatly influenced at will, must, when diseased, be largely amenable to such treatment when intelligently directed.

To treat successfully these refractory cases we should determine, therefore, the digestive power of the stomach, whether increased or decreased; the condition of its mucous membrane, whether congested, inflamed, anemic, atrophied or hypertrophied; the presence of ulceration or cancer; the motor power of the stomach, whether increased, leading to spasmodic contractions, with muscular hypertrophy, or decreased, from enervation or atrophy of its muscular tissue and consequent dilatation, or from dilatation due to pyloric obstruction. Gastric analyses alone will not meet all these requirements, but when combined with an intelligent use of other methods of diagnosis at our disposal, each of these conditions can be recognized with a fair degree of certainty. For the determination of the functional activity of the stomach no better index can be afforded than a chemical and microscopical analysis of the gastric contents after a test-meal, such as Ewald's or Boas' breakfast or von Leube's dinner; and when we consider the relative dependence of function and structure, the value of these tests in organic diseases also becomes quite apparent.

For the technique of gastric analyses, a detailed account of the significance of its findings, and a symptomatology of the various diseases of the stomach, I refer to the numerous text-books on the subject. In this brief article it is my purpose only to point out a few of those conditions in which an analysis of the stomach contents would prove of value in determining an otherwise doubtful diagnosis. Typical cases are easily diagnosed, but such cases are the exception rather than the rule, and through a kaleidoscopic change of symptoms many diseases seem to merge more or less intimately into each other. To attempt a differentiation between all of these diseases on the strength of a difference in their gastric pathology would involve the writing of a volume.

It is well to bear in mind, first, that a quantity of free hydrochloric acid exceeding 0.2 per cent in the stomach contents after a test-breakfast, means increased gastric activity due to hypertrophy or arterial hyperemia, whether induced by a neurosis, the first stage of acute gastritis, or ulceration; and that an amount of less than 0.1 per cent shows a diminution in function from anemia, toxemia, venous hyperemia, gastritis, atrophy or cancer.

No physician feels indifferent to mistaking a case of cancer of the stomach for an ulcer, or vice versa, although these dis-

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eases have many symptoms in common. Gastric pain, tenderness, vomiting, hematemesis, anemia, debility, emaciation, and sometimes dilatation of the stomach from obstruction at the pylorus, are symptoms belonging to both, and an analysis after a Boas' or Ewald's test-breakfast is often necessary for the discrimination between the two. Cancer shows a reduction or absence of free hydrochloric acid, pepsin and rennin (especially in cancer of the fundus), presence of lactic acid, and often long filaments of Boas-Appler bacillus, while ulceration has an excess of hydrochloric acid, absence of organic acids, and but few bacteria of any kind. It must be remembered, however, that these two conditions may co-exist, a cancer developing upon the site of an ulcer.

Cancer of the stomach can be differentiated from other tumors (except duodenal cancer), inflammatory swellings or displaced organs of the abdomen by a deficiency of hydrochloric acid and pepsin, and the presence of lactic acid in the stomach contents. This point is of especial value to the abdominal surgeon.

Pain and tenderness in the epigastric region, anorexia, emaciation, debility and vomiting, sometimes of blood-stained matter, are common to both cancer and chronic gastritis. A diminution of hydrochloric acid, pepsin and rennin is also found in both (in atrophic gastritis and some cases of cancer, these may be entirely absent), but the presence of lactic acid is strongly indicative of carcinoma of the pylorus. In the absence of this organic acid, the diagnosis may still remain doubtful. One form, mucous gastritis, is readily recognized by the amount of mucus discharged through the stomach tube.

There is no doubt that were we to resort to gastric analyses in all chronic cases as a routine measure, many otherwise obscure cases of gastric cancer would be detected.

A male patient, sixty-nine years of age, suffering from a chronic diarrhea, and quite anemic, was brought to the city hospital clinic for the purpose of demonstrating before a class of students an analysis of the stomach contents after an Ewald's breakfast. To my surprise there was a total absence of free hydrochloric acid (as shown both by the Günzburg's reagent and the dimethyl-amido-azobenzol test), a total acidity of but five, and a considerable amount of lactic acid present. An analysis of the blood showed but one million six hundred and fifty thousand red cells and about ten thousand white. On inquiry the patient was found to complain of anorexia and some soreness over the epigastrium, but no tumor could be detected, no acute pains were experienced at any time, and no vomiting for over a year. At that time he had vomited some bright red blood and suffered from indigestion, from which he now considered himself almost recovered. Unfortunately, an exploratory incision was refused. The patient left the hospital shortly thereafter, and made no further report. Though tangible evidence of gastric cancer is lacking, there is little room for doubt of its presence, and I cite this case as a demonstration of the insidiousness of a disease which, without an analysis, would not have even suggested malignancy.

A ravenous appetite with loss of flesh and strength may suggest diabetes, but in a large proportion of such cases an analysis will reveal an excess of hydrochloric acid (over 0.25 per cent) in the stomach, thus deciding for a hyperchlorhydria, or, if the fasting stomach should be found to contain an amount of such hyperacid secretion, a gastrosuccorrhea. If instead of excess of hydrochloric acid the stomach should contain succinic acid and a large number of molds, the case is one of gastrosis fungose (Knapp, N. Y. *Med. Record*, Sept. 6, 1902), which is often associated with a polyuria.

The differentiation of dyspepsia of a neurotic origin from that of chronic gastritis can usually be made by the presence of a normal or increased amount of hydrochloric acid. In those exceptional cases of nervous dyspepsia, where the free hydrochloric acid is less than 0.1 per cent, it will be found that the amount of this acid is subject to fluctuations from day to day. To differentiate between hyperchlorhydria and hypochlorhydria on subjective symptoms alone is practically impossible, except in the most aggravated cases—cases that have usually reached an incurable stage. The following is an

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average case of "chronic dyspepsia," showing the necessity of a gastric analysis for its intelligent treatment:

Mr. P., a young business man, first noticed his trouble about a year ago, when he found his sleep disturbed by restless dreams, and frequently awakened with nausea and a disagreeable taste. Often he experienced a sensation of weight and distress in the stomach, and frequent eructations, sometimes with a sour, at other times a bland, liquid rising in his throat. There was no vomiting; the appetite was variable, and the bowels showed a tendency to constipation. On inquiry whether he felt relief just after eating and by a meat diet, his answer was too indefinite to prove of any value. Urine contained an excess of indican, and occasionally a precipitation of crystals of phosphates took place in the bladder. On cleansing the stomach preliminary to an Ehrlich's test-breakfast, fifty-five cubic centimenters of gastric juice, containing 0.2 per cent of HCl, free from food particles, were removed. An hour after the breakfast, two hundred and ten cubic centimeters of stomach contents were withdrawn, having a total acidity of eighty-seven, and 0.27 per cent of free HCl. Egg albumen was digested in about one-half of the usual time. Ten weeks later an analysis showed total acidity, seventy; free HCl, 0.22 per cent. Without the analysis this case would ordinarily have been drugged with hydrochloric acid and pepsin, perhaps in increasing doses, which could only have added to the patient's discomfort, and might have resulted in serious local lesion.

Gastric ulcer will sometimes simulate a neurosis, from which it can not always be differentiated, unless blood and excess of hydrochloric acid are detected in the stomach. An interesting case of this character came under my observation about two years ago.

Mr. F., aged thirty-three, had been troubled with sharp, colicky pains in the region of the appendix during the last five years. Sometimes they would extend across the abdomen and grow so severe that he would roll on the floor and cry out in agony. Occasionally he would be entirely free from pains for several days in succession. During the previous six months he had had several hemorrhages of dark blood from the bowels. Slight jaundice would be noticed at times. The bowels were rather constipated, often much distended with gas. The pulse was normal between pains, and the temperature never rose above 100° F. Physically, the patient was rather stout and presented the appearance of fair health. There was no particular tenderness over either stomach or abdomen, and seldom did he vomit. The case had been seen by a number of physicians, most of whom gave a diagnosis of enteralgia. It was finally thought to be an appendicitis, and the case was referred to a surgeon. Not finding sufficient evidence of appendicitis, the doctor requested me to make an analysis of the stomach contents. The results were a surprise. The lavage preliminary to taking an Ewald's breakfast brought a brownish substance containing large numbers of red cells. The gastric contents, an hour after the test-meal, were profuse (six ounces), their total acidity was one hundred and eighteen, free hydrochloric acid reached 0.29 per cent, pepsin was increased, no organic acids present, but a large number of blood cells undergoing dissolution. Iodide of potash, taken to test the absorptive power of the stomach, gave the patient immediately considerable pain; salol left no discomfort. There could no longer be any doubt as to the presence of an ulcer in the stomach, and, on inquiry, he admitted having vomited a considerable quantity of blood about a year before. With rest in bed, proper alimentation and indicated medicines, the case improved and, barring a relapse with another hemorrhage, the patient has since made steady progress towards recovery.

Microscopy proves so useful an adjunct to chemical analysis that it should be adopted as a routine measure. Particles of food remaining in the stomach twelve hours or more after being injected indicates dilatation. A small number of micro-organisms, besides the yeast cells from the bread of the test-breakfast, points to a normal or high percentage of free hydrochloric acid, a large number of germs, a low percentage. Occasionally when the chemical analysis has failed to disclose any abnormality, the microscopi-

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cal examination will afford a clew to the disease.

Dr. —., who had for several days been annoyed by almost constant eructations and discomfort in the stomach after eating, submitted to an analysis which revealed the following apparently normal conditions: Quantity of gastric juice (filtered), twenty-three cubic centimeters; total acidity, fifty-eight; free HCl, 0.11 per cent, combined HCl, 0.06 per cent; acid salts, 0.04 per cent; no organic acids present. No dilatation could be made out on physical examination. Microscopical examination revealed large masses of molds, some bacilli and streptococci. The stomach was consequently washed out with a weak solution of lysol, which afforded immediate relief, and after continuing this treatment for some days the patient considered himself in perfect health.

As already intimated, these are but a few conditions of many, on which an analysis of gastric contents may shed valuable light. The materials for such analyses are simple, the chemicals necessary for the principal tests few, and the technique no more complicated than can be carried out, after a little study, by any progressive physician. It takes no prophet to foretell that the time will soon come when the average practitioner will as soon think of doing without the reagents for a urinary analysis as to neglect to equip himself for analyses of the contents of the stomach.

Gaulbert Building.

[Written for the MEDICAL BRIEF.]

A Study on Light, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S., LL. D.
New York City.

[ARTICLE IV.]

Ordinary light passes through transparent bodies without producing any very striking effects in its passage; but it would appear that this thin band, this extraordinary beam of light, has the power of insinuating itself between the molecules of bodies, and by illuminating them, of enabling the eye to detect something of the structure of the mass. The chromatic phenomena of polarized light are so striking that no description can convey any adequate idea of their character.

Spectra more beautiful and intense than the prismatic image, systems of rings far excelling those of thin plates, and forms of the most symmetric order are constantly presenting themselves as the polarized ray is passed through various transparent substances. By altering the molecular arrangement of these bodies, either by heat or pressure, a new order of phenomena at once present themselves, and by means of the polarized ray or light, differences in the chemical constitution of bodies, too slight to be discovered by another mode af analysis, can be most readily and certainly detected.

Although we cannot enter into any examination of all the conditions involved in the polarization of light, and the action of matter upon ordinary light, or when it is in this peculiar state, it will be readily conceived from what has been already stated that some most important properties are indicated, beyond those which science has made known.

What may be the especial use of light in this state of polarization in nature, it is, at present, difficult to determine; we are, however, certain that its agency must be necessary and most important, and we may hope that through the industry of the present race of experimentalists it will not be long before we add this knowledge to the stores already accumulated.

Everybody, in some definite position, appears to have the power of producing this change upon the solar ray, as may be satisfactorily shown by examining any object with a polarizing apparatus. The sky at all times furnishes polarized light, which is most intense where it is blue and unclouded, and the point of maximum polarization is varied according to the relative position of the sun and the observer. By employing that subtle analysis, a polarized ray, Dr. Faraday has been enabled to detect and exhibit effects of a most startling character. It has appeared to him that he has proved magnetism to have the power of influenc-

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ing a ray of light in its passage through transparent bodies. A polarized ray is passed through a piece of glass or a crystal, or along the length of a tube filled with some transparent fluid, and the line of its path carefully observed; if, when this is done, this solid fluid body is brought under powerful magnetic influence, such as we have at our command in well-equipped laboratories, and allow an energetic current to circle around a bar of soft iron, it will be found that the polarized light is disturbed; that, indeed, it does not permeate the medium along the same line. As this effect is most strikingly shown in bodies of the greatest density, and diminished in fluids, the particles of which are easily movable over each other, and has not hitherto been observed in any gaseous medium, the question has arisen, does magnetism act directly over the ray of light, or only indirectly, by producing a molecular change in the body through which the ray is passing? This question, so important in its bearings upon the connection between the great physical powers, will no doubt receive a satisfactory reply in due time.

Without any desire to generalize too hastily, we can not but express a feeling, amounting to a certainty in our own mind, that those manufactories of luminous power, connected with the phenomena of terrestrial magnetism, which are so evident in all the circumstances attendant upon the exhibition of aurora borealis, and those luminous clouds which are often seen, independent of the northern lights, that a very intimate relation exists between the solar radiations and that power which so strangely gives polarity to this globe of ours.

There is a vague idea that the phenomena of sound bears a relation to those of light. Sound, we know, is conveyed by the beating of material particles upon the auditory membrane of the ear, which has been set in motion by some distant disturbance of the medium through which it passes. Light has been supposed to act on the optic nerve in the same manner. If we imagine color to be the result of vibrations of different velocities and lengths, we can understand that under some of the tremors, first established on the nerves, and through them conveyed to the brain, sensations of pain or pleasure may result, in the same way as sharp or subdued sounds are disagreeable or otherwise. Intensely colored bodies do make an impression upon perfectly blind men, and those who, being born blind, know no condition of light or color, will point out a difference between strongly illuminated red and yellow media. When the eyes are closed we are sensible to luminous influence, and even to difference of colors. We must, consequently, infer that light produces some peculiar action upon the system of nerves in general; this may or may not be, independent of the chemical agency of the solar radiations, but certainly the excitement is not owing to any colorific influence. The system of nerves in the eye is more delicately organized, and of course peculiarly adapted to all the necessities of vision.

Thus far some analogy does appear to exist between light and sound, but the phenomena of the one are so much more refined than those of the other, the impressions being, all of them, of a far more complicated character, that we must not be led too far by the analogical evidence in referring light, like sound, to mere material motion. Then the latest investigations point directly to this phenomena as a correct interpretation.

It was a beautiful idea that real impressions of external objects are made upon the seat of vision, and that they are viewed, as in a picture, by something behind the screen; that these pictures become dormant, but are capable of being revived by the operations of the mind in peculiar conditions; but we can regard it as a philosophical speculation of a higher order, the truth or falsehood of which we are never likely to be enabled to establish. This fact has also of late been scientifically established.

Numerous experiments have been made from time to time on the influence of light upon animal life. It has been proved that the excitement of the solar rays is too great for the healthful growth of young animals; but at the same time the fact has been established that the development of the functional organs of animals require, in some way, the influence of the solar rays. This might, in-

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deed, have been inferred from the discovery that animal life ceases in vibrations from which light is absolutely excluded. The case of the Proteus of the Illyrian lakes may appear against this conclusion. This remarkable creature is found in the deep and dark recesses of the calcareous rocks of Adelsberg, at Sittich, and it is stated also in Sicily. Sir Humphrey Davy describes the Proteus anguinus as "an animal to whom the presence of light is not essential, and who can live indifferently in air and in water, on the surface of the rock or in the depths of the mud." All the facts with which science has made us acquainted, and both natural and physical science have been laboring with most untiring industry in the pursuit of truth, go to prove that light is absolutely necessary to organization. It is possible the influence of the solar radiations may extend beyond the powers of the human senses to detect luminous or thermic action, and that consequently a development of animal or vegetable forms may occur where the eye can detect no light, and under such conditions the Proteus may be produced in its cavernous abodes. This fact is now a proven problem by our latest investigations that our senses are not keen enough to observe the phenomena, but modern scientific appliances have shown us how to detect the invisible light. Later on I will show you the probable agency that light plays in the phenomena of vital forces.

Light is essentially necessary to vegetable life, and to it science refers the powers which the plant possesses of separating carbon from the air breathed by the leaves, and secreting it within its tissues for the purpose of adding to its woody structure. As, however, we have in the growing plant the action of several physical powers exerted to different ends at the same time, the remarkable facts which connect themselves with vegetable chemistry and physiology, I will defer that also for a separate consideration.

The power of the solar rays to produce in bodies that peculiar gleaming light which we call phosphorescence, and the curious conditions under which this phenomena is sometimes apparent, independent of the sun's direct influence, present a very remarkable chapter in the science of luminous power.

The phosphorescence of animals is amongst the most surprising of Nature's phenomena, and to us is not the less so from our almost entire ignorance of the cause of it. Many very poetical fancies have been applied in description of these luminous creations, and imagination has found reasons why they should be gifted with these extraordinary powers. The glow-worm lights her lamp to lure her lover to her bower, and the luminous animalcules of the ocean are employed in lighting up the fathomless depths where the sun's rays cannot penetrate, to aid its monsters in their search for prey. "The lamp of love—the pharos—the telegraph of the night, which scintillates and marks in the silence of darkness the spot appointed for the lovers' rendezvous," is but a pretty fiction, for the glow-worm shines in its infant state, in that of the larva, and when in its aurelian condition. Of the dark depths of the ocean it may be safely affirmed that no organized creation lives or moves in its grave-like silence to require this fairy-like aid. Fiction has frequently borrowed her creations from science. In these cases, science appears to have made free with the rights of fiction.

The glow-worms (*lampyris noctiluca*), it is well known, have the power of emitting from their bodies a beautiful pale, bluish-white light, shining during the hours of night in the hedge-row, like crystal spheres. It appears from the observations of naturalists that these insects never exhibit their light without some motion of the body or legs; from this it would seem that the phosphorescence was dependent upon some nervous action, regulated at pleasure by the insect, for they certainly have the power of obscuring it entirely. If the glow-worm is crushed and the hands or face are rubbed with it, luminous streaks, similar to those produced by phosphorus, appear. They shine with greatly increased brilliancy in oxygen gas and in nitrous oxide.

There are several varieties of flies and three species of beetles of the *genus elater*, which have the power of emitting luminous rays. The great lantern-fly of

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South America is one of the most brilliant, a single insect giving sufficient light to enable a person to read. In Surinam a very numerous class of these insects are found, which often illuminate the air in a remarkable manner. In some of the bogs of Ireland a worm exists which gives out a bright green light; and there are many other kinds of insects which, under certain circumstances, become luminous in the dark. This is always dependent upon vitality, for they all, when deprived of life, cease to shine.

At the same time we have many very curious instances of phosphorescence in dead animal and vegetable matter; the lobster amongst the crustacea, and the whiting among fishes, are striking examples; decayed wood also emits much light under certain conditions of the atmosphere. This development of light does not appear to be at all dependent upon putrefaction; indeed, as this progresses, the luminosity diminishes. The pale light emitted by phosphorus in the dark is well known. This phosphorescence of animal and vegetable matter has been regarded as something different from the slow combustion of phosphorus, but upon examination all the chemical conditions are found to be the same.

The phosphorescence of some plants and flowers is not, perhaps, of the same order as that which belong to either of the conditions we have been considering. It appears to be rather to an absorption of light and its subsequent liberation. If a nasturtium is plucked during sunshine and carried into a dark room, the eye, after it has reposed for a short time, will discover the flower by light emitted from its leaves.

The phosphorescence of the sea, or that condition called by fishermen briny, when the surface, being struck by an oar or the paddle-wheels or screw of a steamer, gives out large quantities of light. In these allied phenomena we have effects which evidently depend upon several dissimilar causes. The phosphorescence of the living animal is due, without much doubt, to nervous excitation; that of the living vegetable to solar influences; and that in the case of the mosses of caverns, etc., to that peculiar power which is connected with the chemical agency of the sun's rays.

[Written for the MEDICAL BRIEF.]

The Care of the Teeth.*

BY WM. CAILLE, D. D. S.,
New York.

The value of a good set of teeth is not to be computed, if only the service of dividing and masticating the food be considered; mastication being the first step in a series of processes by which the food is transformed into nourishment adapted to the needs of the system. When to this consideration we add their importance in assisting vocalization—distinctness of utterance in speech and song—and also when we consider the intimate relation that exists between the innervation of the organ of hearing and the dental apparatus, it can be easily understood that any

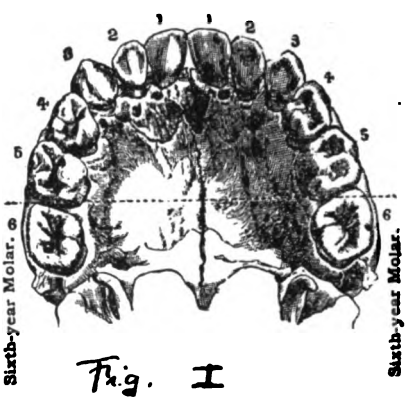

Fig. I

pathological condition in the one, may cause symptoms referable to the other. As we know, the sensory innervation of the ear is derived from the fifth or trigeminal nerve, this nerve, through the superior and inferior maxillary branches, is the sensory nerve of the teeth.

Thus dental caries is often the cause of severe reflex symptoms more or less remote—such as "otalgia" (pain in the ear), or a general neuralgia in the head. The patient is dosed with medicine for a long time without getting relief, and finally drifts into the hands of a dentist, who finds a badly decayed wisdom tooth to start with. After its extraction (if too far gone to fill) the pain in the ear vanishes. Treatment of all other teeth found

*Written for the MEDICAL BRIEF and Dr. A. Caille's book, which will be published some time next fall or winter.

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to be carious finally results in a general feeling of comfort to the patient, with no recurrence of neuralgia. It is important to bear in mind at all times the possibility of reflex pain from an irritating tooth, and also the intimate relation between dental caries and general systemic diseases.

THE CARE AND TREATMENT OF THE TEMPORARY SET OF TEETH.

The temporary teeth contain a much larger amount of animal matter than the permanent, are consequently of a less dense structure, and, therefore, more liable to rapid decay. The pulps of the deciduous teeth are relatively larger than the pulps of the permanent teeth, and when nearly or quite exposed by decay, are more susceptible to the action of irritating agents, and are more apt to lose their vitality under untoward influence. They demand more care and attention for this reason than the permanent teeth, and especially when we consider how very important it is to preserve the first set until their successors are ready to appear.

Let us first consider the subject of eruption of the temporary set of teeth.

At about the fifth month after birth the process known as the eruption of the teeth begins. The rule is that the lower teeth precede the upper of the same class, two or three months. They generally erupt in pairs. Figure 1 illustrates an upper deciduous, or temporary, set of teeth, five on each side, the usual order of their eruption is as follows:

Upper set—Two central incisors, between the fifth and eighth months. Two lateral incisors, between the seventh and tenth months. Two canines, between the twelfth and sixteenth months. Two first molars, between the fourteenth and twentieth months. Two second molars, between the twentieth and thirty-sixth months.

The lower set consists of the same number of teeth known by the same names. It must not be forgotten that the eruption of the second set begins before

any of the first teeth are shed. Thus between the fifth and sixth year the first permanent molars, four in number, one on each side of the upper and lower jaw, make their appearance. These are generally supposed by parents to belong to the first set, and, therefore, if found decayed shortly after their eruption, no attention is paid to them, because it is thought they will soon have to make room for their successors, and before the error is discovered the mischief is irreparable.

For reasons not fully understood, a great liability exists in the sixth-year molar to deep fissure formation, with im-

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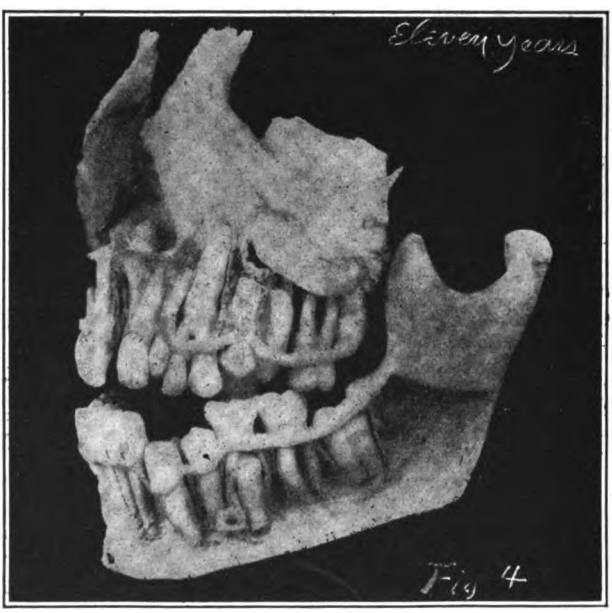
perfect union of the enamel edges, and from this and other causes we recognize

a special tendency to caries; in fact, these teeth are frequently decayed before they are fully erupted. This fact shows



the importance of extra care, and more prompt attention to them, for if they

can be preserved until they become thoroughly solidified, their liability to decay is very much lessened, and the chances of retaining them throughout life are correspondingly increased. The six-year molars are the largest teeth in the mouth, consequently very important as mastica-

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tors. In Fig. 1 they are shown in their relation to the temporary set in a child of about six years of age. The want of a proper appreciation and proper treatment of these six-year molars is one of the most fruitful causes of the defective masticating apparatus of a vast majority of people at and beyond forty years of age.

SHEDDING OF THE TEMPORARY AND ERUPTION OF PERMANENT SET.

When the small size and delicate structure of the jaws of an infant, and the fact that the teeth correspond to them in size are considered, it will be apparent that the provision of a second set, large and strong in proportion to the increased size and strength of the adult jaw, is a necessity. Almost coincidently, therefore, with the development of the germ of each temporary tooth, and in what may be termed an appendage to the sac in which it is inclosed, appears the germ of its successor. While, therefore, the development of the temporary teeth is advancing, the germs of the second or permanent set are also progressing. When the former erupt, the latter are in various stages of development.

Figs. 2, 3 and 4, showing superior and inferior maxillary bones with outer plates of process removed, showing positions of permanent and temporary teeth at the ages of six and eleven years.

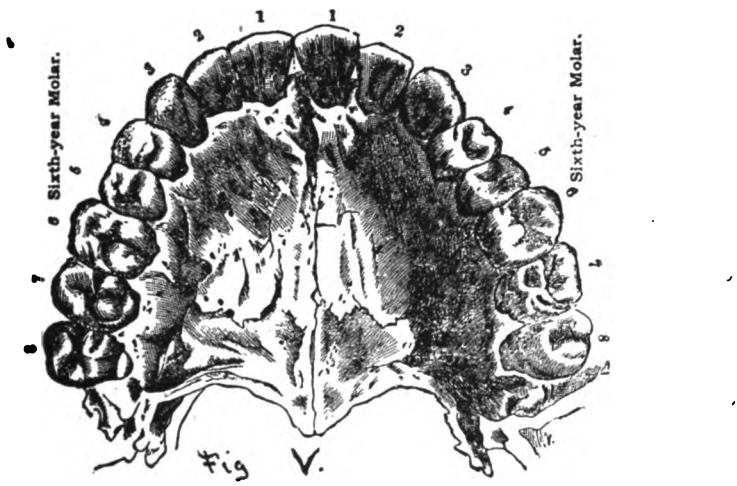
The second, or permanent, set of teeth are thirty-two in number, the sixth-year molar constituting a part of this set. The following tables give the average time and order of eruption of the permanent teeth.

First molar, between five and six years. Central incisors, between six and eight years. Lateral incisors, between seven and nine years. First bicuspids, between nine and ten years. Second bicuspids, between ten and eleven years. Canines, between eleven and thirteen years. Second molars, between twelve and fourteen years. Wisdom teeth, between seventeen and twenty-one years.

Fig. 5 illustrates an upper permanent, or adult, set of teeth.

Nos. 1 are the central incisors. Nos. 2 are the lateral incisors. Nos. 3 are the canines. Nos. 4 the first bicuspids. Nos. 5 are the second bicuspids. Nos. 6 are the (6th year molar.) Nos. 7 are the (12th year molar.) Nos. 8 are the third molar or wisdom tooth.

(To be continued.)



[Written for the MEDICAL BRIEF.]

Two Cases of Worms (?).

BY RICH'D H. LEWIS, M. D.,
Kinston, N. C.

Case 1.—A negro slave during the Civil War, about four years of age, was placed under my charge. His mother lived in the typical log cabin, with the usual squalid environment. His fever was high, judged by the heat of skin, rapid pulse and dryness of tongue (which was also coated). There was headache and nausea—fever rising during the day and decreasing towards evening.

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"Bilious fever," I diagnosed, and forthwith administered the regulation dose of calomel, to be followed, in the morning, by castor oil and small doses of quinine during the day.

Next day, about eleven oclock A. M., as I was riding by the cabin on my way to visit another patient, I halted, called the mother to the door and asked about the patient. "He's well, marster," answered the proud mother. This struck me as too wonderful to be true. I dismounted and examined my patient. A rigid examination proved the truth of the mother's assertion. In answer, doubtless to the evident perplexity shown in my face, she said: "Mammy come over from Marse John's plantation last night and gin the boy a dose of wormafuge, and about daybreak he passed a hatful of worms and he's all right now." "Yes," said I, "he will do now, good-bye." And off I rode, thinking.

Case 2.—Perhaps about two or three months later I had stopped at the house of an acquaintance, where two young ladies lived, and where another one from my neighborhood was spending the night with her cousins. This was about three miles from my boarding place. It was getting very late, but I could not resist the temptation. So I tied my horse at the rack and went in. The old gentleman met me at the door and welcomed me with the usual cordial greeting, which marked the Virginia country gentleman. (I was living in Virginia then.)

I was particular in asking about the health of his family. He remarked: "They are all well, but I have a very sick negro girl that I am afraid will die. I am glad that you called; you must go out to see her."

With saddle bags on arm, I followed him to the cabin. The child was about eleven years of age. She was screaming, wild with delirium, with two or three grown negroes trying to confine her to the bed.

With headlong haste I diagnosed inflammation of the brain and at once shaved the head, put on a fly blister, administered a teaspoonful of calomel—and went back to the "great house," as the slaves always called the master's residence.

What passed in the parlor that night has nothing to do with this case. Suffice it that I told the old gentleman that it was *very necessary* that I should spend the night with him, for fear that the case in the cabin might need instant attention at any moment.

Before breakfast next morning I visited the patient, and, to my utter amazement found her, excepting a blistered scalp, "clothed in her right mind" and perfectly well. The mother then directed my attention to nearly a quarter of a peck of large worms underneath a neighboring plum tree, which had caused the "delirium" of the night before.

I concluded that calomel, in large doses, was a specific for worms.

Needless to say that during the remainder of my practice, I always suspect worms in young children from three to eleven years of age, when there is fever or delirium, and, "giving the prisoner the benefit of the doubt," administer frequently an anthelmintic.

I am old enough now to tell the truth on myself, being past the "three score and ten."

[Written for the MEDICAL BRIEF.]

Foundations of Botany.

BY C. E. BOYNTON, M. D.,
Smithfield, Utah.

By J. T. Bergen, A. M.; Gill & Co., Boston, 12 mo., 670 pages, 1903. A work that treats of all plants from bacteria to the giant algæ, redwoods and Australian eucalyptus. The author writes in language as non-technical as possible. The book is for the field, the laboratory, or the idle hour; for the scientist as well as the school boy. It is up to date. Ecology receives extended treatment, and the illustrations number over three hundred. Much space is given to the microscopic aspect of botany, and with every fact goes a reason that associates it with other facts, and all is made clear by illustration and detailed outline of experiments that may be carried out practically or simply read. Since the growth of ecology, that began in 1889, the science of botany has undergone changes that would recommend this work particularly to physicians who are not already well up in this science.

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BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Populin.—Active principle of poplar bark—is one of the most efficient remedies for gastro-intestinal irritations, sick stomach in pregnancy, suppression of urine, but above all irritable bladder, teasing desire to urinate from vesicular irritability with enlarged prostate, or a low grade of inflammation of mucous membrane of neck of bladder; especially serviceable in the aged.

℞ Populin.....1 to 5 parts.
Sig.: Triturated in sugar of milk, given in five to ten-grain doses, preferably dry on tongue but may be taken in hot or cold water, three or four hours apart. If stubborn tenesmus, add gelsemin one to twenty to above.

—V. A. Baker, M. D., Adrian, Mich.

[Written for the MEDICAL BRIEF.]

Skin Disease.—In the armamentarium of every physician who dispenses his own drugs are a few things which he feels as though he could not do business without, because they cure. Below is the formula for an ointment that has been with me for ten years. It will cure more cases of skin disease than any one thing I have ever used. In infantile eczema it has proved a specific. I have cured cases of eczema of the ankle that had resisted other treatment for years.

℞ Zinc Oxide.....1 part.
Tar Ointment.....2 parts.
Ung. Aquæ Rosæ.....2 parts.
Lanoline.....4 parts.
M. Ft. Ung. Sig.: Apply lightly as often as dryness appears.

—W. H. Baldwin, M. D., Quincy, Mich.

[Written for the MEDICAL BRIEF.]

The Insane.—The family physician can render valuable aid to alienists when putting insane patients in their hands by giving a full family and personal history and a recital of the progress of the mental disease from the earliest symptoms noted to the actual outbreak. The prevailing general, nervous and mental diseases in the family, as well as in the patient, should be mentioned; also the social status, the business or professional efficiency, peculiarities of makeup, and any other conditions, experiences or propensities that may reasonably be considered as etiological factors.—Clara Barrus, M. D., Middletown State Homeopathic Hospital, Middletown, N. Y.

[Written for the MEDICAL BRIEF.]

Erysipelas.—When reading the article on erysipelas by E. Mather, A. M., M. D., LL. D., in the February MEDICAL BRIEF, I felt like adding something in the way of treatment. I have been a general practitioner for the past thirty-seven years, and have had my share of this malady in all the forms described by Dr. Mather. Locally, I rarely use anything but the .one thousand sol. hydrarg. bichloride. Internally, I start with calomel and soda until I have evacuated the bowels thoroughly, then I use every half hour small doses of potass. chlorat. and administer one sixteenth-grain muriate of pilocarpine until ptyalism and sudation develop. I keep this up until the temperature becomes normal. This rarely reaches the ninth day. I usually keep on hand some of Dr. Cyrus Edson's aseptolin, and if I get a case showing great constitutional disturbance, I use two-drachm doses as an antitoxin by injection (hypodermic) one in the morning and one in the evening. This acts as an abortive, and acts quickly. This in connection with the above has

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been so successful in my hands, that since I began using it I have had no fatal case. Of course, nourishment of a bland but concentrated character is absolutely necessary. I hope some of the BRIEF readers will try the above and report to me personally or through the BRIEF.—J. E. Bauman, M. D., Telford, Pa.

[Written for the MEDICAL BRIEF.]

Headache.—The physician is often called upon to prescribe for headache. For headache affecting the occipital region, deep-seated and involving the membranes of the cerebellum and pons, I prescribe the following prescription:

℞ Caffein Cit.....7 grains.
Acetanilid.....3 grains.
M. Ft.: Pulv.

Usually one of these powders is sufficient—if not, it may be repeated in two or three hours. For pain in this region, superficial and affecting the muscles only, galvanism always seems to be efficient and seldom fails to cure.—F. H. Benedict, M. D., Weedsport, N. Y.

[Written for the MEDICAL BRIEF.]

Inflammation.—For burns and inflammatory conditions of any kind, use a three per cent solution of picric acid locally and one will be pleased with the relief obtained in a very short time.—C. N. Bishoff, M. D., Eudora, Kansas.

[Written for the MEDICAL BRIEF.]

Tubercular Abscess of Hip-Joint.—Mrs. W., age twenty-two, mother of one child, When I first visited her, I found pulse one hundred and forty, temperature 103°; the pulse was small and frequent, temperature varying, alternating with cold, chilly sensations. Family history—mother, two brothers and one sister died of consumption. The patient was enemic and emaciated. Second visit, patient in about same condition as at first. The next day I found her suffering with a severe pain in right hip joint. The hip was swollen very much and continued so for several days. When hip was opened an abundance of pus escaped—bone was found to be somewhat necrosed. Curetted bone—washed out with peroxide of hydrogen for three days. Pus continued to form. I then left off peroxide and began using normal salt solution. Pus ceased to form—temperature returned to normal. Patient was put on constitutional treatment, such remedies as were indicated; made rapid recovery and now does housework, but shows tubercular cachexia. I have had many happy experiences with normal salt solution.—G. D. Blackwell, M. D., 129 W. Pine St., Atlanta, Ga.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—Can typhoid fever be aborted? It can, and all, or nearly all cases be rendered so mild that your diagnosis will sometimes be disputed and act to your discredit. At the outset, small doses of mild chloride followed by a saline laxative and repeated as may be required. An open channel is readily made aseptic and easily kept so. Baptisia tincture in alternation or combined with zinc sulphocarbolate in five, ten or more grains every two hours day and night until stools are free from offensive odor; then the night intervals may be lengthened. A strictly milk diet should be adhered to.—Webster Bliss, M. D., Deerfield, Mich.

[Written for the MEDICAL BRIEF.]

Infantile Diarrhea.—A very strumous child with infantile diarrhea fell to my care. Noticing it craved fat meats, I put it on Scott's emulsion internally, and pure cod liver oil locally—good results.

An infant suffering with infantile diarrhea and malnutrition was put on seng, chionia and malted milk. Treatment proved a success.—W. A. Burns, M. D., Sheffield, Ala.

[Written for the MEDICAL BRIEF.]

Burns.—I desire to call the attention of the profession to the treatment of burns with permanganate of potash. Formerly I treated burns with carbolic acid, and had good results, but a year ago I treated a patient whose burns covered a large area. I again used the carbolic acid, but with unmistakable signs of poisoning. These symptoms were so prominent that I was compelled to abandon the use of the drug. Then began a search for something antiseptic and nontoxic. Having seen an article by Dr. Goldstein in which he spoke favorably of the potash salt, I

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resolved to investigate its merits. A concentrated solution should be used and the burned area brushed over lightly, repeating the process until all pain is relieved and the organic matter is oxidized over the whole surface; the burn is then dressed as usual and is opened only when drainage requires. The surface is cleansed and again brushed as before. Unless the deeper tissues are destroyed, the wound heals under a protective coating without the formation of a cicatrix. It is nontoxic and breaks up into oxygen, in its nascent state, caustic potash and oxide of manganese. The oxygen and potash act as a local anesthetic and astringent, while the oxide of manganese becomes a decided antiseptic. Do not be afraid to use it in concentrated strength, and continue one application after another until every part is excluded from the air by its oxidizing power.—C. W. Canan, M. D., B. S., Ph. D., Orkney Springs, Va.

[Written for the MEDICAL BRIEF.]

Atonic Dyspepsia.—For atonic dyspepsia, with gastric and duodenal catarrh, the following combination has proven very efficacious:

℞ Pulv. Hydrastis.....15 grains.
Bismuth Sub. Nit.....15 grains.
Pulv. Carbo Lig.....15 grains.
Ingluvin.....15 grains.
Pulv. Rhei.....15 grains.

M. Ft. Chart No. 15. Sig.: One after each meal.

—J. M. Cooper, M. D., Meadville, Pa.

[Written for the MEDICAL BRIEF.]

Nervous Females.—In every nervous female patient, whether her age be one year, or one hundred, see that the hood of the clitoris is loose and free and that there is no smegma under it.

Case 1.—Child of ten years, ungovernable, no love for parents nor any one; neither kindness, reason nor strap oil could control, heedless. Mother greatly worried over her future. Gave chloroform, loosened hood, and presto! change. In three weeks mother came in to say she had a new daughter. As loving as any child could be, would do anything for her mother, thoughtful—as near ideal as you often see.

Case 2.—Mother of above. Run down, nervous, irritable, "lost her grip." The effect on her daughter was so good that she wondered if she needed the same. She did and got it. Result: In a few weeks I saw her rosy, smiling and happy, and in reply to my "How are you?" she said, "Fine, I have my grip."—C. H. Church, M. D., Nutley, N. J.

[Written for the MEDICAL BRIEF.]

Psoriasis.—In pyrogallic acid, we have an excellent remedy for psoriasis. If combined with icthyol and eucalyptol, it will materially better the condition of acute cases. Try it.

℞ Acid Pyrogallic.....1 drachm.
Icthyol.....1 drachm.
Eucalyptol (Sander & Sons).....½ ounce.
Lanoline.....2 ounces.

M. Sig.: Make into an ointment. Apply at night.

The oil of eucalyptol is also an excellent remedy for consumption. Sulphur may be used with it if desired. Use by inhaling night and morning.—L. D. Doane, M. D., New York.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—I was called to see a young lady with the following symptoms: Temperature at eight A. M. 102½° F., at six P. M. 103° to 104½° F.; delirious and very nervous; soreness on pressure over stomach and bowels. Pulse at eight A. M. one hundred and six, at evening one hundred and ten; bowels constipated.

Treatment:

℞ Calomel.....10 grains.
Bi-carbonate Soda.....10 grains.

M. Sig.: Divided into three powders. Give one every two hours.

2. Fever medicine:

℞ Tr. Aconite.....30 drops.
F. E. Gelsemium.....15 drops.
Sp. Nitre.....½ ounce.
Elixir Lactated Pepsin..q. s. ad 4 ounces.

M. Sig.: Teaspoonful every two hours during the day until clear of the fever.

3. Turpentine emulsion:

℞ Granulated Gum Arabic.....2 drachms.
Aquæ Pur.....½ ounce.
Sp. Lavender.....1 drachm.
Listerine.....1 ounce.
Elixir Lactated Pepsin, q. s. ad 4 ounces.

M. Sig.: Teaspoonful every six hours.

4. Resting medicine:

℞ Passiflora Inc.....2 ounces.
Elixir Lactated Pepsin.....2 ounces.

M. Sig.: Teaspoonful in little warm water as often as necessary.

I give all medicine in warm water and give the patient only warm water to drink.

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The patient had fever forty-two days, and made a good recovery. After the second day I gave no more calomel, but controlled the bowels by enema of warm water, and if temperature was running very high, I added to the warm water a little table salt.

Diet—I give corn meal gruel, thin enough to run through a strainer, and boiled thirty minutes. Never give any solid food in typhoid fever.

The same treatment was successfully used with the young lady's mother. Deliver me from ice, and coal tar medicinal agents in typhoid fever. Why? Because the ice interferes with gastric juice of the stomach, and the coal tar is too great a heart depressant. Brother physicians, may this treatment prove as successful with you as it has with me.—James T. Edwards, M. D., Senoia, Ga.

[Written for the MEDICAL BRIEF.]

Remedies.—If the practice of medicine was limited to twelve remedies, I would select the following: Calomel, tr. nux vomica, icthyol, soda, water, mustard, quinine, aromatic spirits of ammonia, sanmetto, soap, antiphlogistine and ergotole.—J. L. Fennel, M. D., Waterloo, S. C.

[Written for the MEDICAL BRIEF.]

Antitoxin.—Recently a niece of mine, living in northern New York, returned from a visit with a slight sore throat. Her father thought it was diphtheria. The family physician was summoned immediately and concurred in his opinion. The doctor, an antitoxinist, thought the disease so light it would require but little treatment. The next morning he summoned a physician in consultation. They prescribed antitoxin. The patches would partly go, then recur. The case continued four or five weeks when they pronounced it cured. During the interval they used sixty-eight thousand (68,000) units of antitoxin, costing about $100.00.

About two weeks after reporting the case cured, I find the girl is still confined to her bed. The physician is afraid to allow her to assume a standing position for fear of paralysis of the heart. In this use of antitoxin, a prominent physician of Utica recommended a continuance of the remedy. The girl is about eighteen years of age. Have you seen anything to beat this?—F. S. Dunlap, M. D., Delaware City, Del.

[Written for the MEDICAL BRIEF.]

Swallowed Pin.—When a young doctor is sent for to see a child that has swallowed a pin, he generally gets rattled. The mother is scared and urges the doctor to "do something." That is just what he should do. The mistake that the young doctor generally makes is to at once give a dose of castor oil to "work it out." He should let it alone. It will not hurt the baby. The proper and only thing to do is to cause the child, if old enough, to eat a whole loaf of graham bread or coarse corn bread; something that will fill the stomach and leave a large quantity of residue in the bowels. This insures a solid fecal evacuation, and next movement the pin will be found in it. In my early days I had a case in which the child had swallowed a "nigger pin." All Southern people know what a "nigger pin" is. It is a spike about two inches long, sharp point, and round head. I made the child fill its stomach with coarse corn bread (it was in the country), and the pin came away next morning, bent double. How did it do it? I do not know. I "state but the facts."

The old negro women in slave times, especially the very aged and toothless women, had a habit of "chewing pins." They would hold a dozen or more in the mouth, and declared it gave them comfort in time of trouble. One old woman got a pin stuck in the epiglottis in such a position that I could just feel it with the tip of my finger, but could not touch it with forceps. I dislodged it and let it drop into the esophagus and stomach. She passed it all right.—F. E. Daniel, M. D., Austin, Texas.

[Written for the MEDICAL BRIEF.]

Thread Worms.—I use the following prescription for thread worms:

℞ Acid Boracic ..... 5 grains.
Pulv. Rhei ..... 15 grains.
Aquæ Pur ..... 2 ounces.

M. Sig.: Inject into the rectum that amount night and morning.

—E. T. Gauvreau, M. D., 256 W. Seventh Superior, Wis.

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[Written for the MEDICAL BRIEF.]

Acute Rhinitis.—While acute rhinitis is not usually a very serious disease, it is, nevertheless, quite troublesome. I have found the following powder, snuffed up each nostril as often as it becomes filled with mucus, an excellent thing. It will enable the patient to breathe freely through his nose, and if used early will frequently abort an attack:

℞ Cocaine Hydrochlor .....4 grains.
Magnes. Carb .....6 grains.
Menthol .....2 grains.
Sacchar. Lac .....1 drachm.
Pulv. Acacia ..... ½ drachm.
M. Sig.: Use as snuff.

—A. L. Gordon, M. D., Burlington, N. J.

[Written for the MEDICAL BRIEF.]

Tuberculosis.—Incipient.—In my experience of nearly one-half century, I have found nothing equal to the following prescription in incipient phthisis:

℞ Syr. Lactophosphate Lime ..... 3 ounces.
Fowler's Solution Arsenic ..... 1 drachm.
Tinc. Nux Vom .....20 drops.
Tinc. Veratrum Viride.....20 drops.
M. Sig.: One-half teaspoonful every three hours.

Patient to be kept quiet with a liberal diet, and frequent bathing in either warm or cold soap suds, as patient prefers.

The syrup will keep the stomach in good condition to assimilate food; the arsenic is the most powerful and vital stimulant we have; veratrum viride controls the heart, and nux is the best nerve tonic we have. Brother physicians, try the above and watch results. I have used it for twenty-five years with better results than any other prescription. In chlorosis it is almost a specific, given as directed. —W. B. Graham, M. D., Osawatomie, Kan.

[Written for the MEDICAL BRIEF.]

Scarlatina Complicated with Varicella.—Recently a case of scarlet fever of moderate severity, at about the time the eruption began to disappear, developed an eruption resembling chicken-pox. Consultation the next day confirmed the diagnosis and there was the typical eruption of chicken-pox in all its stages. The entire surface of the body and throat became involved within the next few days, when desquamation began to occur. Here then, simultaneously, could be seen the scurf and scales from the scarlatinal eruption mixed with crusts and scales resulting from chicken-pox. The patient became much exhausted, and perished in the third week from acute nephritis.—J. P. Harbert, M. D., Bellefontaine, Ohio.

[Written for the MEDICAL BRIEF.]

Value of Change of Air.—Was called to Brooklyn to see a girl seven years old. She had two congestive chills, leaving her in low condition, with continued fever. On arrival, found three physicians consulting—verdict, hopeless case. After a week, another consultation—case considered hopeless. I said, "one thing has not been done." All asked quickly, "What?" "A change of air," I replied. "Who would dare risk that in such condition!" all ejaculated. I answered, "I will to-morrow morning, if she lives, weather permitting." I wrapped her like a papoose, brought her in a carriage thirty-six miles to my home—marked improvement after two hours journeying. Used static breeze daily one month. She is now a fine healthy young lady.—Gertrude Hammond, Harper, M. D., Spring Valley, N. Y.

[Written for the MEDICAL BRIEF.]

Sciatica.—This condition is relieved by directly lying on the side or back and kicking strong and actively with the limb for five minutes, which breaks up congestion, restores lost balance in circulation, nerve force, heat and electrical action, when presto! the pain is gone as if by enchantment.

Personal experience, many times repeated, attests the value of this treatment. But, of course, obstinate chronic cases of sciatica must have other help, sometimes.—B. F. Hart, M. D., Seattle, Wash.

[Written for the MEDICAL BRIEF.]

Internal Hemorrhage.—In all internal bleeding from the nose, throat, lungs, stomach and intestinal canal, it is a dry membrane that bleeds—a moist one never bleeds.

Anything that will cause a natural secretion will stop the hemorrhage and prevent a recurrence. This, of course, does not refer to bleeding from an open blood vessel.—Wm. B. Hidden, M. D., 74 Boylston St., Boston, Mass.

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[Written for the MEDICAL BRIEF.]

Local Septic Infection.—I assure you that I make no mistake when I state that one of the best if not the best agent to subdue septic inflammation and bacterial invasion is a solution analogous to the one named after Thearish, the famous German surgeon, which is as follows:

℞ Salicylic Acid.....2 drachms.
Biborate of Soda.....½ ounce.
Glycerine.....3 drachms.
Boiling Water.....1 quart.

The affected parts are enveloped in absorbent cotton and kept saturated with this potent solution, with such internal medicinal agents as each individual case will suggest. This solution is most potent in the treatment of erysipelas and in inflammatory conditions threatened with gangrene.—B. R. Hubbard, M. D., Los Angeles, California.

[Written for the MEDICAL BRIEF.]

Horse-Chestnut Bark with Cascara.—In congestion of the liver and ovaries, I use the following prescription:

℞ Æsculus Hippocast. Cortex Fl. Ex .2 ounces.
Cascara Sagrada Arom. Fl. Ex.....2 ounces.
M. Sig.: Teaspoonful after each meal in water.

Pain, bloating after meals and constipation are relieved. The remedies given alone are not effectual as to results. Settle the stomach before giving the above if patient is nauseated.—Fred P. Jones, M. D., Mill Village, N. H.

[Written for the MEDICAL BRIEF.]

Soothing Ointment.—For an all round ointment for the office for cuts, bruises, burns, etc., where you want a soothing ointment, use:

℞ Vaseline.....8 ounces.
Gum Camphor.....4 drachms.

Subject to heat until camphor is dissolved. Let it cool and it is ready for use.

—J. R. Jones, M. D., Fertile, Iowa.

[Written for the MEDICAL BRIEF.]

Appendicitis.—If the patient is seen early and positive diagnosis is made, the following is given:

℞ Calomel.....2½ grains.
Rhubarb, Powd.....2½ grains.
Cinnamon.....1 grain.
Podophyllin.....⅛ grain.

M. Ft. tablet No. 1. Sig.: Give four to six tablets or equivalent in a capsule.

Follow in ten to twelve hours with sat. sol. magnesia sulph. one-half to one ounce every hour until bowels are purged freely four to six times. At once, apply ice over McBurney's point for six to ten hours, not allowing it to do damage. Eight cases so treated got well without operation. One case had two attacks in two weeks, two years ago—no trouble since. Another three attacks in twelve months. I do not mean to say this will cure any or all cases, but it will lessen the necessity for operation fifty per cent. —J. C. Larkin, M. D., Hillsboro, Ohio.

[Written for the MEDICAL BRIEF.]

Radical Treatment of Corns.—The variety of topical applications for corns prove their inadequateness. Excellent results may be had by a more radical treatment.

A one per cent solution of cocaine in normal salt solution is injected hypodermically in sufficient quantity to render the whole toe insensitive. The central portion of the corn is then dissected out by a double elliptical incision. This must be deep and shelving. The wound is closed with two interrupted cat-gut sutures. If the wound will not come together without tension, a counter incision is made on the palmer surface and the flap allowed to slip.

The operation is painless; the patient can walk in soft shoes, and in ten days the cure is complete.—S. P. Latane, M. D., Winchester, Va.

[Written for the MEDICAL BRIEF.]

Pediculus Pubis.—The busy practitioner is frequently asked "What is good for crabs." Many things are good for them, but the real question is, what will destroy them, and do it most readily and effectively, with least inconvenience to patient? The text-books recommend one of the several ointments, all of which are effective if properly employed, but are objectionable on account of odor and soiling of linen.

Tr. larkspur, used full strength as a lotion twice a day for a few days, will destroy not only the parasite, but the ova as well. One application is sufficient, except for the ova. No soiling of linen or unpleasant odor following its use.—L. F. Laudick, M. D., Lima, Ohio.

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[Written for the MEDICAL BRIEF.]

Acute Catarrhal Conjunctivitis.—Prompt and efficient treatment of acute catarrhal conjunctivitis should be instituted as soon as possible in every case, not only for the purpose of avoiding extension of the catarrhal process to the lachrymal passages, but to save suffering and discomfort that is always out of all proportion to the extent and severity of the attack.

The following treatment has given me more satisfaction than any other I have ever employed. The patient is instructed to apply heat to the eyes, by wringing a piece of Turkish towel or other thick, soft cloth out of as hot water as can be borne by the hands, and holding the same gently pressed against the closed eyelids until it has cooled. This should be done for ten minutes every two to three hours, and followed by the instillation of the following, ten or twenty drops at a time:

℞ Boric Acid.....20 grains.
Aquæ Camphor..... 2 ounces.

Recovery is usually immediate and complete in a few days.—H. Edwin Lewis, M. D., Burlington, Vt.

[Written for the MEDICAL BRIEF.]

Acute Specific Urethritis.—Daily irrigations anteriorly of picatrol (one two thousand to one one thousand) with hand injections every four hours of picratol (one-fourth to one per cent) until germ of Neisser is no longer found either in the discharge or in the sedimented urine.

After its disappearance, if there be a catarrhal discharge (I have never seen this with picratol) use irrigation, every other day, of zinc permanganate (one five thousand to one three thousand) with hand injections of the zinc salt every three hours (one four thousand to one one thousand). Sanmetto internally from beginning to end.—T. M. Lippitt, M. D., Columbus, Ohio.

[Written for the MEDICAL BRIEF.]

Lobelia.—Fifty or more years ago, when the Thompsonians and Uriscopans, et al. were continuously in evidence, lobelia was the heavy arm of service and in free use for all kinds of ailments with or without warrant. The result was soon to work opprobrium to a useful remedial article.

Lobelia is a very effective antispasmodic, even in small doses; drops one to five (tincture) possesses the faculty to relax the spasm of the terminal vesicles of the bronchioles, thus relieving their congestion, without appreciable nausea. It is therefore a valuable addition to the usual "cough mixtures." In so-called intestinal, hepatic and renal colics—spasms—in liberal dosage, even to nausea, it is more satisfactory to patient than the often resorted to hypodermic of morphine—and the two together used carefully are happily compatible.—J. F. McCarthy, M. D., Everett, Wash.

[Written for the MEDICAL BRIEF.]

Dislocation of Lower Jaw.—This may result from a fall or blow upon chin when mouth is open and is frequently caused by a spasmodic contraction of the external pterygoid muscle during yawning.

Recently, I attended a woman eighty-seven years of age, with a dislocated jaw. She had pain at the angles of jaws, dribbling of saliva from wide-open mouth, which she could not close, lower jaw protruding. Placing my thumbs between the jaws at location for the last molars, thumbs acting as a fulcrum, then made pressure upwards with hands under chin, and the dislocation was easily reduced.—A. C. Miller, M. D., Covington, Ohio.

[Written for the MEDICAL BRIEF.]

Pneumonia.—The United States health reports inform us that one person out of every three dies of pneumonia and tuberculosis. As auto-infection is the great damaging source of trouble to the human organism, we find that on account of the direct connection, through the circulation, between the digestive organs and the lungs, toxic material could readily be transferred from them to irritate and be a direct means of inflammation to the lung structures. My treatment is based on this fact: That the digestive organs must be put into an aseptic condition at once by antiseptic laxatives, and the blood shut out of the lungs, which is done in most cases by veratrum, which gives

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less than five per cent death rate if the general management is good.—O. A. Palmer, M. D., 773 Republic Street, Cleveland, Ohio.

[Written for the MEDICAL BRIEF.]

Respiratory Troubles.—After having tested the compound iodine carbon-disulphide for several years in the treatment of respiratory troubles by inhalation, we have become thoroughly convinced of its value. This is a solution of resublimed iodine in disulphide of carbon, our formula being forty grains of the former to an ounce of the latter. As this department of the BRIEF is limited to pithy paragraphs, we have not the space to give a detailed statement of the method of using this potent remedy, but will be pleased to mail our conclusions, in the form of a brochure, to all interested.—J. H. Stovall, M. D., and F. S. Twitty, M. D., Columbia, Ala.

[Written for the MEDICAL BRIEF.]

Nourishment for the Sick.—Too great stress by far is laid on the giving of "nourishment" (?) to the sick. Their repugnance to eating is a precaution of Nature which may not safely be disregarded. We object to taking food when individuals are fatigued, and invalids are in analogous conditions. The stomach is then unfitted for digestion, and food uncalled for is little better than poison. The solar ganglion in which we live and move and subsist is impaired in function, and does not supply the necessary force. Hence, when I hear or read of enfeebled invalids taking nourishment, I expect to learn of their death soon afterward, and am seldom mistaken.—Alexander Wilder, M. D., Newark, N. J.

[Written for the MEDICAL BRIEF.]

Bryonia.—This is one of the best remedies at my command, and is always to be found in my pocket case and on my dispensing shelves. It is the specific medicine prepared by Lloyd Brothers, of Cincinnati, Ohio, and should be administered as follows: Drops five to ten to aqua dist. four ounces. Teaspoonful every one or two hours, as needed, according to the age of the patient; if it be for a cough, use the same amount of specific bryonia and a mixture of syrup and water, equal amounts; dose, the same. Indications are as follows: Sharp frontal pain of a neuralgic character in right temporal region, as though the socket was too small for the eyeball. Pneumonia, any form, with a sharp pain and persistent cough. Articular rheumatism, pain sharp, cutting, lancinating, somewhat of a tearing character, also some pain of right iliac fossa and ovary.

Specific byronia is a remedy hardly to be gotten along without. Its action is positive—one that can be relied upon. Usually relief follows in a short time, but occasionally continued use is necessary to bring satisfactory results.—Lee Strouse, M. D., Covington, Ky.

[Written for the MEDICAL BRIEF.]

St. Vitus' Dance.—Your journal with its brief articles is always pointed and of value to its many readers.

If admissible, I am prompted to write a few lines in relation to treatment of St. Vitus' dance—a disease not very common, but physicians frequently meet with cases and are called upon to treat them when at a loss to treat successfully. In my experience during long years of practice, various remedies have I used and means employed, none have proven more successful and given better satisfaction than sulphate of zinc in small doses; preparation of arsenitis in minute portions, scullcap herb (scutelaria Lat.), has proven of great benefit in my hands in some cases.

Recently I have attended several patients—one a young man about twenty-four years of age, who has been a sufferer for sixteen months. He had been under treatment by different doctors for a number of months without deriving any benefit. The bodily movements, both trunk and limbs, were so violent that the patient had no rest. The treatment I gave him was sulphate of zinc, one grain, with sulphate morphia one-twentieth grain, incorporated with sugar of milk, six grains, in capsules, three times a day. Being troubled with nocturnal emissions, prescribed potash bromide two drachms,

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syrup simplex half an ounce, aqua camphor four ounces. Mix: Dose, two teaspoonfuls every night. Paid due attention to sponging the body daily with diluted alcohol. Keep bowels in good condition by occasional use of cascara sagrada in five-grain tablets. Strict attention to diet and outdoor exercise. The patient is making good recovery and is about himself again.

Another patient, a boy eleven years old, with St. Vitus' dance of five months' standing, now in my charge about four weeks. I used sulphate of zinc in the beginning, but soon changed to arsenic, Fowler's solution, two drachms; glycerine, pure, four drachms, Mix. Dose, fifteen drops with a little water three times a day, increasing dose to twenty drops and down again to smaller portion, as indications require. Of nights, I gave tincture of scullcap (scutelaria Lat.) half teaspoonful; gave instructions as to diet, sponge bath with diluted alcohol daily and a reasonable amount of outdoor exercise. Patient making good recovery and doing well.—H. Wohlgemuth, M. D., Springfield, Ill.

[Written for the MEDICAL BRIEF.]

Obstetrics.—I have in mind an obstetrical case that baffled the skill of good physicians—four preceding me. Patient mother of three children, all born with forceps, knew she could be delivered in no other way. Os dilated, patient comfortable when lying down, but fetus so low as to confine in same position mostly. All sorts of drugs used, including ergot. Been in that condition a month. Massage, manipulation, with capsicum by mouth and weak rectal enemas of same, set the machinery in motion and ended the month's siege. Live child; simply inertia. No instruments required.—C. M. H. Wright, M. D., Blaine, Ill.

Enclosed find one dollar for the MEDICAL BRIEF for 1904. The BRIEF contains a great amount of information, and I do not think I have missed an issue in twelve years. The BRIEF gets better every year.—J. H. REYNOLDS, M. D., Roff, I. T.

[Written for the MEDICAL BRIEF.]

Little Things Usually Overlooked by Physicians.

BY ROBERT A. GUNN, M. D.,
New York City.

In these days of specialties and bacteriological investigation, young men receive their medical diplomas and commence the practice of medicine without the slightest knowledge of any of the practical "little things" that are essential to success.

A case in point came under my notice recently. A young physician had been called to attend his first case of confinement in private practice. The labor was protracted, and I was called in to assist in an instrumental delivery. The doctor was well provided with all the necessaries for an aseptic delivery, and was fearful that I would neglect to wash my hands in his antiseptic solution, after having thoroughly washed them with hot water and soap. On examination, I found the rectum enormously distended with fecal matter, and I learned that there had been no motion of the bowels for several days. The pains had been full and regular, the os was well dilated, but the fecal impaction had prevented the progress of the labor until the patient was nearly exhausted. An enema failed to relieve the bowel until a large part of the impacted mass had been removed by the finger, when the second enema cleared the rectum. Half an hour afterward the labor pains increased, and a twelve-pound boy was born within an hour, without the use of the forceps.

A few days later I was called again, and found both mother and babe suffering from caked breasts. The child had been dosed with castor oil and peppermint tea until its stomach and bowels were out of order, and then fed with condensed milk. In the meantime the mother's breasts were greatly distended, hard and extremely painful. It took ten days of constant rubbing and use of a breast pump to relieve the mother, and in the end the milk dried up, and the child had to be fed with a bottle.

As is often the case, the child's breasts filled with milk, and one had suppurated,

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and had to be lanced. The other yielded to gentle rubbing and the application of pieces of lint saturated in fluid extract of poke root.

This condition of the child's breasts was a great surprise to the doctor, as he had never heard of such a case, and he would not have believed it had he not seen the milk.

Had he been as well instructed in these practical "little things" as he was in antiseptic methods, he would have saved himself much trouble, and his patients much suffering.

This case is not an isolated one, and I am, therefore, prompted to point out a few popular fallacies regarding the management of infants, and to make a few suggestions that may benefit the inexperienced young physician and nurses.

1. It is a common belief with many women that a child should be kept from the breast for two or three days after birth, and in the meantime dosed with molasses, castor oil, herb tea or sweetened water.

2. After confinement the mother is usually kept on a diet of toast and tea, or similar non-nutritious foods, for a week or ten days. This is deemed necessary to prevent fever until the milk comes.

3. Children are often weaned too soon, and without other cause than the convenience of the mother. In other cases, nursing is continued even when the mother is incapable of supplying wholesome milk.

4. When cow's milk is substituted for mother's milk, it is usually diluted by adding two or three parts of water to one part of milk, thus reducing the nutritious quality of the milk so low as to almost cause the starvation of the child.

5. Food is usually forced on a child whenever it cries, or is restless, without regard to the regular time for nursing.

The young physician would do well to impress on the nurse, mother and officious friends that the child should be cared for according to his directions, and the following hints are suggested for his guidance:

Nothing but a couple of teaspoonfuls of cold water should be given to a newly born babe, and it should be applied to the breast as soon as the mother has had a good rest after the labor. True, it does not get milk thus early, but it draws out a watery substance which stimulates the mucous surface of the intestinal tract, so as to excite the peristaltic action, and thus cause a natural action of the bowels. It should afterward be applied regularly to the breast, and at the proper time it will obtain the requisite nourishment.

In order that the quality of the milk may not be deficient the mother should not be restricted to a low diet, but supplied with broths, soups, eggs, beef and mutton in sufficient quantities to supply the nitrogenous elements necessary for the formation of healthful milk. Ale and beer should be avoided, as they are calculated to increase the watery portion of the milk at the expense of the nitrogenous elements.

A child should not be weaned until it is at least a year old, if the mother is healthy, but after the sixth month it should have, in addition to the mother's milk, pure animal broths or soups free from vegetables, or an occasional piece of beef or mutton to suck. It may also have good cow's milk, after the sixth month, if it seems to require it.

Potatoes, white bread and all starchy foods, as well as sweets, should never be given to children until after the second year, for they can not properly digest them, and do not need much carbohydrates, while the albuminoid foods are essential to growth.

When a mother can not nurse her babe, for any cause, good cow's milk can always be prepared as a substitute for mother's milk.

The cow's milk should stand for an hour, and then the cream should be removed from its surface. Then one part of water should be added to four parts of milk, and this should be sweetened by adding four grains of sugar of milk to four ounces of the milk thus diluted. The milk thus prepared should be given to the babe for the first month. For the next two months only half of the cream should be removed from the milk, and no water should be added. After the third month the entire milk should be used, with the addition of the sugar of milk as before.

As it is impossible always to heat the milk to a uniform temperature, I find

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it best to allow the milk to stand in an aseptic bottle in the living room of the child for an hour before using it, and then give it without heating. I have recommended this method for many years, and have always found it to give better satisfaction than any other.

Condensed milk, which is so often recommended for infant feeding, contains too much sugar, and is sure to derange the digestion and develop unhealthy adipose tissue.

When pure milk can not be had, I have found lacta preparata the best artificial food that can be used during the first six months, and after that Carnrick's soluble food may be substituted. These foods give the babe a solid, healthful growth of the entire body, without an ounce of superfluous adipose; while children brought up on them never have any of the infantile disorders so common during the summer months.

Care should be taken not to overload an infant's stomach. The child should be taken from the breast or bottle before it has finished sucking, as otherwise it will continue to nurse until the milk is ejected from the mouth.

Never feed a babe except at regular intervals of from two to three hours apart. When a child is fretful and cries, aside from the times for its nourishment, it indicates suffering or distress of some kind, and the cause should be looked for at once. At such times food should not be forced on the child, but a few spoonfuls of cold water will often be taken greedily, and will give prompt relief.

692 East One Hundred and Forty-Second Street.

[Written for the MEDICAL BRIEF.]

The Doctor in Politics.

B. M. JACKSON, A. M., M. D., LL. B.,
Omaha, Neb.

Language abounding in sophistry is generally used for the purpose of deluding hearers or readers by individuals who have ulterior designs. No individual who is sincere in what he says will use other than the plainest language, so that even illiterates may understand the meaning of terms, and fully comprehend the idea he intends to convey. Therefore, in writing this article, I shall employ ordinary terms, and construct the sentences in a manner that the "gist" or meaning in a particular one may be apparent at once.

I hope that the gentlemen who requested me to say something upon the subject, "The Doctor in Politics," will forgive my weakness in this particular, which I have formed to always be, in writing or speech, so explicit that the most unwary may fully understand.

A physician is generally considered an educated man. Not that only, but also a man conversant with the affairs of every field subject to human activity. Now, the latter is hardly possible, and the laity does not do us justice in thus considering us. For the fields of human activities are so varied and the intrinsic conditions in a single field are so mysterious that one who is not a dweller therein, hence cannot learn the details, is hardly able to have even a smattering knowledge thereof. For instance, how many physicians *do* or *can* know anything about tailoring, shoemaking, carpentry, chemistry, law, dentistry, engineering, etc., etc. Let us take our own profession, how many of us know all the details of every subject comprised within the curriculum of our respective *alma maters*? Very few; hence, the surgeon, the oculist, the chemist, the pathologist, etc. Every subject is in itself so complex that one can not devote his time to more than one, if he would be known as a genuine specialist. *Politics*, too, is a science and art.

We have the *scientific politician* who writes on the different subjects comprised within the science, *i. e.*, political economy, sociology, criminology, etc., and the *practical politician* who, is constantly striving to get higher and higher within the domain of his chosen profession. He wants to get at the top of the ladder. The word *politics* is generally misunderstood, for there is more to them than one cares to learn about. Not long ago, the writer read an article by a physician, in which he advised his confreres to make politics an *active* side issue, without guarding them that a political misstep will ruin not only a single individual's reputation and welfare, but that of a whole class of individuals. Most of us no doubt deplore many political tenden-

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cies and conditions in this country, and particularly in the old world; yet, what can we do? We are forced to silence, and must acquiesce in the inhuman treatment of our flesh and blood. But who is to blame? The people have themselves to blame. Because actively or passively they have made political blunders; some practically consented, and others forced their own enslavement. Strange, is it not, that people themselves should want to be slaves and subjects, instead of *free* and *independent?* But it is a fact. The *strangest fact* is that people are slow to learn. Take our own profession in this glorious country. Do physicians, other than "a chosen few," enjoy freedom and independence? What physician can say, *I am free to go wherever I please* within the borders of my dear country, and practice my chosen profession? Who is the physician that can sing with the immortal Burns:

"I have no master save my own mood."

Why? Why do not physicians enjoy freedom and independence? The most precious jewels for the possession of which intellectual giants have ever fought in behalf of humanity. Because they did not want to. They have allowed themselves to be pursuaded that if they give up freedom and surrender independence, they would be benefited. Is it not a strange belief that surrendering one's independence and robbing one's self of freedom and liberty would benefit him? Yet it is a fact that such belief prevails in our profession. This in spite of the fact that every physician has learned from his own country's history that former generations have fought and spilt blood to possess the precious jewels—freedom and independence. Aye; they are still clamoring for laws, and some take an active interest to further enslave themselves. We constantly get notices from "headquarters" to send petitions to this congressman and that legislator favoring this law and that law without giving some of us even a moment's reflection. "What am I doing it for, and who will benefit therefrom?" Some physicians seem to be doing it as a matter of course. Not long ago a statement was made by a physician before the Kansas State Medical Society, to the effect that he had spent hundreds of dollars and much valuable time while running for the legislature in order to secure the passage of the present Kansas medical registration law. Did that physician spend his hard-earned money for a worthy object? Let us see. He secured the passage of a law which created "masters," and fettered chains around his confreres as well as upon himself. For, the very thing which he has done in Kansas, another of equal cupidity has done the same thing in Missouri, and now, neither the one nor the other is *free*. Each one has created "masters" and enslaved *himself*, in his own State and *a priori* in his country. To-day, each of them sees the christian scientist, the magnetic healer, the vitopath, the professor, etc., go *wherever the Stars and Stripes float*, without hindrance or molestation; as free as birds.

Let us take another example. There is an attempt being made, and physicians are asked to send petitions to their legislators favoring so-called "pure food laws," which is practically an attempt to give the State control over private enterprises. The chief questions one must ask himself is: Who will be benefited from the operation of that law? And will such laws not *deprive* me of the right to choose the manufacturer, and particularly the article which I wish to purchase? Are we living in a millenial age, wherein the men endowed with political power may be fully trusted? Are our political officeholders "angels?" Have we not now pure food laws in almost every State? What good have they done? None at all. Are there not physicians who regret, and to their sorrow, have utilized State or city products? But again, who will benefit from the operation of that law? Only the man who will be appointed to enforce (?) them.

Physicians must bear in mind that laws cannot make an individual to be what he is not, nor has any law, anywhere, at any time, prevented the commission of an act which in itself was not an honorable one. Again take the present registration laws (they afford the best example), have they driven out the "quacks?" Show me the State in which not only are there no quacks, but in which the quacks have not been brought to the front, soon after the laws were enacted?

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See the prominence and front rank of osteopaths, physical culturists, magnetic healers, etc. Has a physician the standing he used to have, and is he treated with the same respect he used to be? Emphatically no! Why? Because he has created "masters," he follows the dicta of "leaders," and has enslaved himself. He is not *free* and *independent*. He is ever striving to follow some one. Look at the surgeon, however, and you see an entirely different spectacle. He is respected, praised and almost worshiped. Why? He is free and independent. He claims no one his "master," nor will he for a moment tolerate anyone to "lead" him. He *goes* wherever he pleases, *comes* when he pleases, and *does as he pleases*. The writer, too, bows before the shrine of his *intellectual and scientific masters*, but he does beg the privilege to refuse to bow before the shrine of *political masters*.

The question now arises, has a physician no civic duties and should he not take an interest in politics? My answer is, *Yes*. The physician is really the one who has more civic duties than any other individual, hence he ought to take an interest in politics. But he must never forget *his own* and the *rights of men* to life, liberty and the pursuit of happiness. The physician who does not take an interest in politics is derelict in his human duty; but the one who fails to battle for his own and his fellow beings liberty, creates "masters" and follows "political leaders" is an enemy to mankind. Most laws are based upon "theories," and a physician more than anyone else knows that many "theories" have no substantial foundations to support them. Hence, before one is advocated we must take the trouble to find out whether the "theories" advanced in behalf of a particular one has any foundation *in fact*, and ever remember the shortcomings of mortal beings. "Headquarters" in which the "leaders" rusticate, and from which they send out orders, should be shunned by the intelligent physician.

Physicians have been induced to part with their liberty and independence in *order to federate into one compact organization the medical profession of the United States*. Now, gentlemen, can this ever come to pass? And if it should, who will be the actual beneficiaries? Have we anything in common with bricklayers? The bricklayers' union has decreed that one of their members should cease to work as soon as he laid one thousand bricks, and the pay for same shall be $5.00. One bricklayer may be slower in his work than another, hence it may take half an hour more to accomplish the task. The one as well as the other will, nevertheless, do his day's work, and receive their pay, the number of bricks being a definite quantity. But do even two doctors agree, let alone over one hundred thousand? Can they agree upon a particular mode of treating a patient, and the medicines to be used? How about the homeopaths, who will never agree with the allopaths, and the eclectics, and the osteopaths, and the physio-medics, who will never agree with each other? And what about the fee? Will two doctors, particularly of two different schools, ever agree on a schedule of fees? Is such a thing probable, aye, possible? This talk about bringing into "one compact organization, the medical profession" is not even a dream of "the leaders." It is merely used to delude us to follow them into abysses from which it will be difficult to escape. Supposing that the object should be accomplished, who will be the chief beneficiaries? Not the rank and file. Not the average physician, but only "the leaders." However, I for one do not delude myself that this will ever come to pass. On the contrary, I see the time approaching when the people will make a political issue of us, and our intolerance. For the intelligent laity is weary of our tactics, and many of them may be found within the circle of every other nondescript "healing art." In fact, the subject of medical intolerance is already a semi-public issue in Illinois. There is a strong organization there which numbers among its members some of the best physicians, deans and professors of medical colleges, and they are constantly laboring for the repeal of the slave (medical) laws.

After all, gentlemen, pray bear in mind that we are living in the greatest country on earth, the which has made almost miraculous progress, *"while the people fully enjoyed their birthrights to life, liberty and independence."* Political "lead-

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ers" and "theorists" are concerned only in their own welfare, but not in the *greatest good for the greatest number.* And only when physicians can sing the sweet song of the immortal Burns,

The wish, which ages have not yet subdued,
In man, who has no master save his own mood.

will they regain the honors from and be respected by the people.

In fine, let us trust with the immortal John Hay:

For always in thine eyes, O Liberty,
Shines that high light whereby the world is saved,
And though thou slay us, we will trust in thee.

[Written for the MEDICAL BRIEF.]

The Mosquito Pest and Some Remarks, With Statistics on the Late Yellow Fever Epidemic in Laredo, Tex.

BY R. MENGER, M. D.,
San Antonio, Texas.

Whatever doubt there may be—and there is but little nowadays with the advanced practical observations in tropical countries regarding the mosquito theory—one thing is certain; it has added considerably to reduce the mosquito pest, to drain and fill up stagnating water pools and to clean up and put a city in a more sanitary condition generally. The crusade against the mosquito, therefore, is a laudable and practical one, as the wholesale destruction of the larval mosquito clears a community of a most annoying, and at certain unfavorable seasons, a dangerous insect pest, which is also and only exceeded by its pestiferous companion—the common fly. Some five years ago, the writer ventilated the matter in the *Scientific American* in the following words:

"Science has demonstrated the fact in tropical climates, and undoubtedly also in other more semi-tropical countries, in swampy places, or such made swampy by heavy rainfalls, and weedy and unsanitary surroundings, that certain mosquito species at certain unhealthy seasons are the transmitter or prime cause of producing malarial fevers, spores and other micro-organisms being transplanted through inoculation and producing the fever paroxysms. As yet, though, doubts are numerous as to the mosquito being the sole factor of malarial infection—climate, food and drink contamination (water and milk, etc.) or the inhalation of foul, bacteria laden air in marshy, wet and tropical countries, etc.—all of these influences undoubtedly bear their share in producing malarial ailments. And still if it be remembered how myriads of mosquitoes of different type abound and feed in foul water pools, sick rooms, butcher pens, slaughter houses, hog pens, stables, sinks, sewer canals, privy vaults and marshy places where constant and lots of vegetable and bacterial decomposition is going on—if all these facts are taken into consideration, and also the comparative absence of the mosquito pest and malarial diseases in salubrious and well-drained and dry soils and climate, and remembering the great inoculation facilities through the mosquito's stinging apparatus, then indeed it would seem without doubt that the mosquito insect is a great factor and contributor to malarial intoxication, inasmuch as the mosquito insect, in its larval or embryonic state, breeds in all sorts of waters, and more so in foul, stagnating water surrounded by decomposing vegetation or perhaps dead carcasses, such as I have often noticed during hunting trips and where some of the pasture tanks were literally filled with myriads of embryonic mosquitoes or wiggletails. Those wigglers feed on or absorb noxious material, and after maturing in a few days are liable to carry such material upon man or animals. At any rate it will be found that the more stagnating water pools, especially in forest bottoms, the more wigglers in the water the more mosquitoes, and the more malarial ailments are prevalent. In winter nearly all mosquitoes vanish, and it is but rarely that malarial fevers occur at such time, the worst time of the season being in the fall when the mosquito breeding pest is at its height."

Luckily, considering the immense number, the mosquito is rather a short-lived insect, although I have had them for over one month in a screened glass jar, developed from the gathered wigglers in such jar; and luckily also, as far as our salubrious Texas climate, and in particular, San Antonio, is concerned, most of our species are entirely harmless, as not all

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feed or breed in foul and malaria-breeding waters or damp and stagnating weedy places. Without wishing to go into especial expert details, as such has been fully and satisfactorily established by our Government officials, the annexed photo-micrograph of a number of larval mosquitoes may interest the BRIEF readers. I gathered these wigglers last fall in a flower water pot of my office and after

Embryoni or larval mosquitoes (Wigglers) in different stadia of development. Near center is seen a mosquito larva nearly fully developed (thorax and head part with curved proboscis, and the abdomen). Cover glass specimen, magnified several diameters. Photo by R. M. for MEDICAL BRIEF.

mounting them in glycerine, reproduced them by aid of especial lenses to the camera, reflected light and lamp-light exposure. It shows the wigglers magnified several times, the center part showing a mosquito larva nearly fully developed into a full grown mosquito. The balance of these mosquitoes were placed in a screened glass jar after applying some plants and earth in the half-water filled jar, with the purpose to ascertain the exact time it takes to develop our common mosquito insect, how long they live in their confinement, etc. This was done January 17th and it was shown that during severe cold spells, some died and none of the larvæ developed into full grown mosquitoes; but during warmer days, and after leaving the jar in a warm room, at beginning and end of February, several full-grown mosquitoes developed and were merrily flying around the screened jar; two of them living twenty-eight days from beginning of their larval state. I had no occasion to continue these observations (which any one can make, noting the dates on a labeled paper of the jar), but it certainly will be of value to ascertain the exact time of their full-grown existence.

As our Government experts have proven without a shadow of a doubt that malarial fever and yellow fever is transmitted and inoculated through the anopheles and stygomaya species in such tropical and subtropical countries where they abound and malarial and yellow fevers are indigenous, it is also shown through statistics that especially yellow fever occurs most severe at such months when the mosquito breeding time is at its height, and as shown in the following mortality statistics of Havana, reported by Dr. M. Burgess, U. S. Marine Hospital Service, showing that in the three months, July, August and September, the greatest mortality from yellow fever prevailed; less in February, March and April, and the least in March.

Yellow fever mortality (official in Havana, Cuba, by Dr. M. Burgess, U. S. Marine Hospital Service:

YEAR.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1885	6	3	2	2	4	4	15	34	35	43	23	7
1886	4	6	..	2	2	14	34	41	39	17	14	8
1887	6	6	8	21	81	124	104	74	41	35	14	15
1888	9	7	14	24	27	38	79	116	63	48	38	26
1889	34	12	19	12	19	49	63	84	47	26	28	15
1890	11	4	4	12	36	45	67	64	31	32	29	12
1891	11	4	4	5	7	48	65	67	61	49	25	17
1892	15	10	1	8	7	13	28	69	74	53	59	33
1893	17	7	5	8	24	74	122	99	79	47	38	11
1894	8	4	2	5	17	88	75	63	68	40	18	27
Total..	121	63	59	99	215	437	650	711	529	390	260	172

As to color and race I am not aware that particular statistics relating to the

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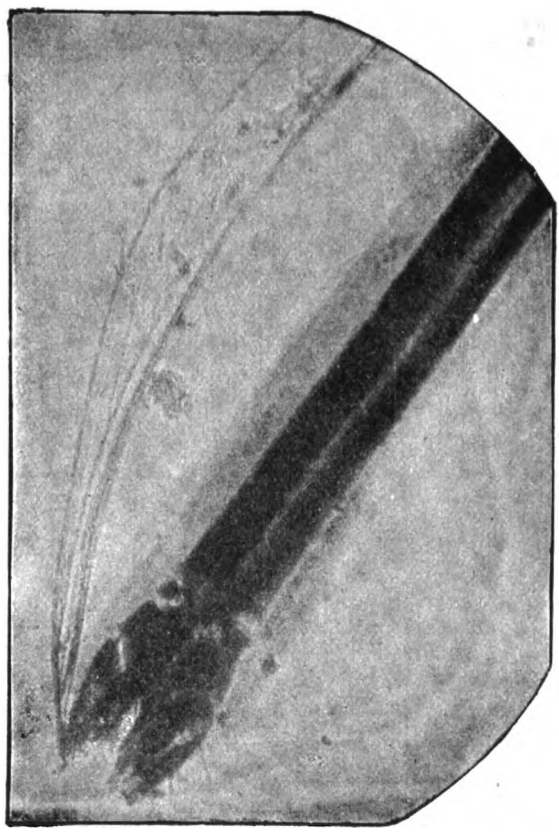
mosquito theory exist, but it is quite certain that the negro race to a great extent is immune to malaria or yellow fever. This hardly can be explained from the penetrability of the negro cúticle or its histological elemental layers, which correspond in all particulars with such of the white race, excepting the pigment layer in the black-skinned homo, but then, oh! that peculiar moschus-like odor—perhaps enough to keep any or all malaria mosquitoes off!



Stinging Apparatus.—Proboscis and daggers of full-grown mosquito. The daggers were expelled from the cylindrical canal of the prosboscis by pressure on cover glass.—Micro photo by R. M. for MEDICAL BRIEF.

With the advanced methods and experiments in Cuba of late years in screening and destroying the mosquito pest and a general thorough sanitary overhauling of Cuban cities by Uncle Sam's officials, the result could not be clearer as to the causal nexus of the mosquito insect to malaria and yellow fever. In our own country, yellow fever prevailed mostly in swampy regions and coast cities with some sporadic cases introduced by the mosquito route into inland cities, but our advanced precautionary measures by the ever-alert health departments and the better understanding of the mosquito theory, even by the laity, has mitigated the entire matter to such an extent that yellow fever is now hardly more dreaded than a case of small-pox. At any rate the tendency is prevailing to not take any chances, but to destroy the mosquito larvæ by the wholesale in every town or village.

As far as Texas is concerned it has been free of yellow fever for many years, but in Laredo, Texas, quite an epidemic prevailed last year, and I include an excerpt from a report on the matter by my friend, Dr. R. L. Dinwiddie, temporary

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acting Assistant Surgeon U. S. M. H. S., reading:

"The disease made its appearance in Nuevo Laredo, directly across the river, and at first it was not recognized as yellow fever, but was called 'Paludismo,' or hemorrhagic malaria. Afterwards, however, the increase at Tampico, and from there spreading to Victoria, then Linares and finally Monterey, called attention to the possibility of its being carried there. The communication between these two points requiring only a short time, would make it no difficult matter to bring this disease into the United States. The first cases of a suspicious nature were noticed in Nuevo Laredo and afterwards on this side of the river. On the twenty-fifth day of September, the U. S. Marine Hospital Service and State health officer confirmed the report of yellow fever, and not until then did we realize that we were in the midst of an epidemic." (Then follows exhaustive symptomatological appearance and *post-mortem* examinations, and treatment.

As to preventive measures, Dinwiddie believes the sole agency of transmission is the female stegomayia faciata, and as to prevention, the destruction of the mature mosquito by thoroughly disinfecting the houses, its eggs and larvæ by the application of coal oil to the surface of the water contained in barrels, tanks, cisterns, depressions of the earth, etc. (about two teaspoonfuls of oil upon barrels; cisterns and other places four ounces, renewed every four or five days. * * * Immediate screening of patient's room and beds. If the patient's condition is such that he can be moved this should be done and the whole house thoroughly fumigated, protecting patient from mosquitoes by a bar during fumigation, during the first three and a half days of the patient's illness, as the mosquito is unable to transmit the disease later than the fourth day. For disinfecting, sulphur was found by far the best disinfectant, after tightly closing doors and all cracks, key-holes, windows, etc., using also strips of manila paper.

After dwelling on further recommendations and treatment, the Doctor says: "Yellow fever requires no treatment in seventy-five per cent of the cases. Ten per cent probably require some treatment; the balance, fifteen per cent, require considerable treatment, with about eight or ten per cent deaths. The patients should be made to husband their strength; they should not be allowed to leave their beds even to stool; the bed pan should be used. Great care during convalescence, especially during the first exercise, allowing them absolutely nothing to eat for two or three days after the fever has disappeared. To keep up their strength during this time a little dry cherry or champagne is advisable and admissible."

The mortality in this epidemic has been very light and I am sure we could have reduced this mortality if the Mexicans were not superstitious, believing that the physicians destroyed the sick in order to stamp out the disease.

Our statistics from September 25th to November 30th, 1903, are as follows:

Number of cases, Mexicans.....	691
Number of cases, Americans.....	359
	1,050
Number of deaths, Mexicans.....	94
Number of deaths, Americans.....	8
	102
Death rate, Mexicans .....14 per cent	
Death rate, Americans..... 2 per cent	
Death rate, general average....10 per cent	

Fifty-five Mexicans found dead or in a dying condition. The great number of Mexicans found dead or dying being over one-half the total number of Mexicans who died, shows that their superstition is almost predominant.

The above paper by Dr. Dinwiddie, which is to be read by the Doctor before the coming Texas State Medical Association, and upon request kindly offered me for the above article on "Mosquito Pest," also contains the following report, which, I presume, will also be read with much interest by the BRIEF readers:

LAREDO, TEXAS, October 12, 1903.

Surgeon G. M. Guiteras, Medical Officer in Command, Public Health and Marine Hospital Service, Laredo, Texas:

SIR—In pursuance of your order of the 9th inst., I proceeded to Minera, Webb County, Texas, for the purpose of disinfecting and reporting upon the yellow fever epidemic at that place.

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I respectfully beg leave to advise that upon arrival I made a house-to-house inspection, accompanied by Dr. Thompson, of the State Quarantine Department, and we found twenty-six positive cases of yellow fever. Topographically considered the camp is specially adapted to yellow fever, provided it once obtains a foothold. The dwellings are in a hollow, on the east and southeast is an arroyo which is usually dry, but which at present has pools of stagnant water. On the west, north and southwest is quite a hill, on the south the Rio Grande River. The prevailing winds are from the east and southeast, affording a ready means of transporting mosquitoes to the infected, as well as uninfected, houses. The houses are located parallel to the arroyo in rows of five.

The first case "Paludismo" (as reported) occurred upon the banks of this creek, the man having ten (?) days previously arrived from Bustamente, Mexico, in which place he had lost his mother and brother from the same cause. The exact date of his own death I failed to obtain, but twelve days ago two cases developed in this vicinity and resulted in death. The infection has spread northward along the row of houses until there are only three north rows of non-infected houses left.

In addition I respectfully beg leave to report the following:

Number of cases October 11, 1903	22
Number of cases October 12, 1903	13
	35
Add previously reported	26
Total	61
Deaths October 10, 1903	7

With great difficulty I procured the gratuitous assistance of six or eight men, who were very inefficient, and on this account I was able to screen only four houses and disinfect four. I was very much disappointed in some of my English-speaking friends leaving for a duck hunt on Sunday, and carrying away the keys to our supplies with them, so that we did not get to work until eleven o'clock A. M. My quarters were very unsatisfactory and I do not think my errand was an appreciated one. The schools had not been closed until to-day, when, by my directions, they were suspended.

I will say in conclusion, I consider the situation very grave and respectfully beg leave to offer the following suggestions:

1. Sufficient competent men and material to do disinfecting work.
2. Oil the arroyo and other stagnant pools thoroughly.
3. Additional police and river guards.
4. Suitable medicines and provisions for the sick.

ROBERT LEE DINWIDDIE,
Acty. Asst. Surgeon.

Concluding this interesting paper Dr. Dinwiddie mentions that: "Acting upon my suggestions Surgeon Guiteras sent a sufficient number of men to Minera, who completely disinfected the whole town, after which yellow fever disappeared, with the exception of a few sporadic cases."

"For the preparation of this paper I am indebted to the kind assistance of my colleague in the Marine Hospital Service, Dr. Geo. R. Tabor, State Health Officer, and Dr. McGregor, of Laredo, Texas."

San Antonio, I may add, according to late census the metropolis of Texas, with a cosmopolitan population of 70,000 inhabitants and the greatest health resort in Texas, being the best appointed city as to immense artesian water supply, sanitary sewerage, canal system, surface drainage, elegant and numerous parks in the heart of the city, unsurpassed climatic advantage, etc., our San Antonio had singularly escaped an epidemic of yellow fever last year, while it was raging in considerable epidemic form in Laredo, Linares and Monterey, Mexico, and but a few sporadic cases were declared here as such by our expert officials. These cases undoubtedly also occurred by the "mosquito route," but strict and thorough local sanitation and modern preventative measures and our excellent climate checked any spreading and there was at no time any restriction made as to large gatherings, such as our large annual fair, with immense crowds of people daily, and all schools and public places were at all times wide open. Ever so much, therefore, it was and is yet regretted that the outside world was informed or led to believe that a yellow fever epidemic also prevailed in San Antonio, with a deadly mortality all around. Our city, and the entire State, had experienced an unusual wet season following a protracted droughthy year, and the immense rainfalls in summer of 1903 had caused considerable sickness, especially malarial fevers; but San Antonio, as a rule, and as experienced during the late forty or more years, is immune against the spreading of yellow fever, and as is shown by our official city records, San Antonio is situated outside the yellow fever zone, and sporadic yellow fever, therefore, is a great rarity. In order to inoculate yellow fever the mosquito has to have fed on a yellow fever patient in order to transmit the *materia morbis* through inoculation, and as San Antonio is no breeding place for yellow

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fever, the only probability is that infected mosquitoes from outside had, in the few sporadic cases, caused such infection. But San Antonio as an up-to-date and highly cultured city, does not take any chances, and has spared no means to always have the city kept clean and put and kept in a good sanitary condition. Even the school children are instructed in hygienic measures and the prevention of the mosquito pest; and this year, at least up to date of writing (April 18th), none of the pestiferous insects are noticeable, as a thorough crusade has been made against them last fall and lately.

725 Commerce Street.

[Written for the MEDICAL BRIEF.]

Special Topography of the Ureter and Tractus Vascularis.

BY BYRON ROBINSON, B. S., M. D.,
Chicago, Ill.

(Continued from page 606.)

(3) SPECIAL TOPOGRAPHY OF THE URETER AND VESSELS OF THE TRACTUS INTESTINALIS.

The special topographic relations of the ureter to the vessels of the tractus intestinalis are of particular interest in the proximal abdomen. The vessels of the tractus intestinalis are not so intimately associated with the ureter as those of the tractus genitalis. The vessels of the tractus intestinalis not being symmetrical relate themselves to the ureter differently on each side. They are located ventral to the ureter with the exceptions of the hemorrhoidal vessels which follow the sigmoid and rectum, whence they pass dorsal to the ureter in the lesser pelvis. The vessels of the tractus intestinalis possess direct and indirect relations to the ureter, *id est*, the intestinal vessels may rest directly on the ureter as at the distal end of the ilium and right colon (arteria mesenterica superior), and at the left colon and sigmoid (arteria mesenterica inferior). Also the vessels of the tractus intestinalis may possess indirect relations to the ureter only, *id est*, two layers of peritoneum intervene between vessels and ureter as in the central portions of the jejuno-ilium and colon transversum (arteria mesenterica superior), also central portion of sigmoid (arteria mesenterica inferior). The ureter and vessels of the tractus intestinales are complicated in relation, and this is increased on account of the varying mobility of large segments of the digestive tract. The vessels of the digestive tube cross the ureter at right, acute and obtuse angles. Surgically the vessels of the tractus intestinalis of importance in relation to the ureter are located between the ureter ventrally, and the peritoneum dorsally, and practically confined to those of the distal ilium and right colon, and those of the left colon and sigmoid. As regards the ureter, the chief interest is centered in the transperitoneal operation on the ureter where, by accidental rupture of the vessels supplying the right and left

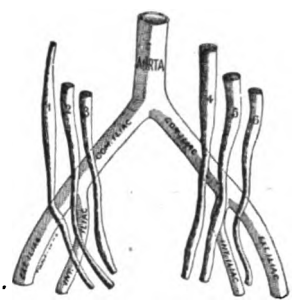

Fig. 33 (Byron Robinson). Presents the chief variations of location of the ureter on vasa iliaca. The arteria ureterica media is not drawn in this cut, but may be observed in figures 5, Nos. 9 or 4.

colon operations, have ended in gangrene of the—right or left—colonic segments. The great vascular curves formed by the anastomosis of the arteria mesenterica, superior and inferior—the curves of Haller and Treitz—belonging to the colon transversum, have indirect relations to the ureter. The vessels of the tractus intestinalis originate from the aorta at three special locations, viz.:

(*a*) The *celiac axis*, which has practically insufficient topography with ureter to discuss.

(*b*) *Topograph of the ureter and arteria mesenterica superior.* The chief artery of the functionating segment of the tractus intestinalis, the jejunoilium, has direct relations to the right ureter and indirect relation to both right and left ureters.

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The arteria mesenterica superior has direct relations to the right ureter and indirect relations to both right and left.

The vasa ileo colica dextra cross directly ventral to the surface of the lumbar

Fig. 34 (Byron Robinson). Illustrates the relation of the right ureter to vessels of the tractus intestinalis, especially the right colic arteries.

uretera about its middle. However, the right colic vessels extend into the iliac fossa subsequent to crossing the ureter. The vasa ovarica dextra cross the ventral surface of the ureter at almost the same level as the right colic vessels, hence here several orders of vessels are superimposed. It would be dangerous surgical procedure to attack the middle of the lumbar ureter, from the ventral surface through the peritoneum, *i. e.*, by the transperitoneal route. The lumbar ureter may be attacked safely from the dorsal surface, *i. e.*, by the lumbar route, as the ureter and peritoneum, with the vessel of the tractus urinarius and tractus intestinalis between them may be forced ventrally, whence the ureter may be safely inspected and manipulated. The vasa ovarica and vasa ilecoliea cover almost the entire length of the surface of the right lumbar ureter. The arteria colica dextra and arteria colica media possess only indirect relations to the right lumbar ureter.

Coils of enteron may lie on the right ureter presenting indirect relations only to the right ureter.

(c) Topography of Ureter and Arteria Mesenterica Inferior.

The arterica mesenterica inferior has direct relations with the ventral surface of the left lumbar ureter and indirect relations with both right and left ureters. The uretero-intestinal vessels are complicated in relation to the left ureter. Practically the trunk of the inferior mesenteric artery lies between the aorta and lumbar ureter. This artery courses internally parallel to the lumbar ureter, and to the common iliac whence, as the superior hemorrhoidal, it passes into the mesorectum. The inferior mesenteric artery may divide in three branches, each branch crossing ventral to the ureter. The inferior mesenteric vein, larger than its artery, courses between the artery and the ureter. It may pass well median to kidney, describing its terminal cross. The vein courses more irregular than the artery, and sometimes the vein passes on the ventral surface of most of the left lumbar ureter—say from the IV lumbar vertebra. It generally passes transversely across the distal renal pole. At about the level of the IV lumbar vertebra the inferior mesenteric artery emits a left colic artery, which passes transversely ventral to the ureter, and accompanies the inferior mesenterum vein forming the "arc of Treitz."

At the level of the IV lumbar vertebra the arteria mesenterica inferior emits the arteri colica sinistra, which passes trans-

Fig. 35 (Byron Robinson). Illustrates the left ureter in relation with its intestinal vessels, especially the superior mesenteric arteries.

versely ventral to the lumbar ureter. The ventral surface of the left lumbar ureter is crossed by the vasa ovarica, the arteria sigmoidea and arteria colica sinistra complicating surgical procedures on the

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ureter from the ventral or peritoneal surface—in fact, transperitoneally the right ureter may be difficult to recognize, and gangrene of the left colon or ureter may arise from damaged blood supply to either. The left lumbar ureter may be attacked safely from the dorsal surface lumbar, or extra peritoneal route whence the ureter and vessels of the tractus urinarius and tractus intestinalis may be forced ventrally, insuring safe ureteral inspection and manipulations. The complexity of the vessels which pass ventral to the lumbar ureter is very important in abdominal surgery. The vessels of the tractus urinarius, tractus genitalis and tractus intestinalis are intimately involved in the subperitoneal tissue between the lumbar ureter and peritoneum. The lumbar ureter should be attacked from the dorsal side, *id est*, the lumbar or extra peritoneal route. The hemorrhoidal arteries assume in the pelvis more or less indirect or extra-peritoneal relations to the ureter according to the state of distention or contraction of the rectum. The vessels of the distal ends of tractus intestinalis, genitalis and urinarius presents a mixed anastomoses. The peritoneum over the ureter should be incised parallel to it. The same principle is involved as regards the peritoneum over vessels.

Special Topography of Ureter and Aorta, Vena Cava and Vasa Iliaca.

The relations of the ureter to the great abdominal vessel trunks will assume different directions than its branches. The ureter lies parallel to the great abdominal vessels, but it crosses its branches at different angles.

(*a*) Topography of Ureter and Aorta.

The relation of the abdominal aorta to the lumber ureter is nonsymmetrical. The left lumbar ureter is much nearer the aorta than the right. Surgical relations between the aorta and lumbar ureter are seldom complicated. The pulsating aorta aids in locating the ureter.

(*b*) Topography of Ureter and Vena Cava.

The relations of the vena cava inferior to the lumbar ureter is intimate, and is apt to complicate surgical procedures. The lumbar ureter on the right side is much closer to the vena cava than that of the left side, because the vena cava is situated lateral to median line. In the cadaver the vena cava is flattened and appears more distant from the ureter than when distended, when the ureter and vena cava may be in contact. The lumbar ureter may lie in contact with the vena cava, or at some distance from it, showing considerable individual variation. Cicatricial tissue and peritoneal adhesions between vena cava and ureter may complicate surgical interventions. It is common in autopsy to find the lumbar ureter and vena cava parallel, and almost in contact for the entire length. It is well to remember in ureteral surgery that the vena cava is thin walled, and easier torn than the aorta. Ureteral surgery following, especially suppurating ureteritis and pyelitis from ureteral calculi; the ureter is frequently accompanied by radiating cicatricial and peritoneal adhesions involving the ureter and vena cava from their close proximity, in which condition isolation of the ureter jeopardizes the integrity of the vena cava.

Fig. 36. Represents a view of the left ureter in relation with the branches of the inferior mesenteric, especially the superior hemorrhoidal.

(*c*) Topography of Ureter and Iliacs.

(See Fig. 33).

The relation of the ureter to the iliac vessels is important in diagnosis and ureteral surgery. The ureter crosses the vasa iliaca at acute angles. The ureter crosses: (*a*) the common iliac; or (*b*) the external and internal iliacs or (*c*) it falls in the bifurcation of the common iliac artery. The part of the ureter that crosses the iliacs I term the iliac segment.

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The iliac segment of the ureter projects ventralward to loop the ureter remaining in contact with it. To find the ureter one can hunt for the pulsating bifurcation of the iliac, whence by incising the peritoneum over it, and bluntly dissecting the subserosum, the white ureter with vessels coursing on it will soon come. One of the most important vascular topographic relations of the ureter is the arteria iliaca interna, which is presented in many of the illustrations accompanying this monograph.

A very important matter in regard to the internal iliac artery is that the ureter lies in close relation with it from origin to division. In some cases the ureter lies in actual contact with the whole length of the artery. The ureter usually lies in close relation with the anterior branch of the internal iliac artery as far as the origin of the uterine, along which it courses, mainly parallel, and frequently in actual contact to the distal arterio-ureteral crossing. In some cases the ureter must be dissected not only from the internal iliac artery, but from the external two-thirds of the pelvic floor segment of the utero-ovarian artery. Toldt's Atlas contains very accurate cuts in regard to the relation of the ureter and uterine artery, with which must be mentioned the excellent monographs on the uterine artery of Drs. W. Nagel, Jules Broeckaert, Semmy Davidson and Pierre Fredet. In some cases where the uterine artery arises well ventrally from the umbilical, the ureter may lie one-quarter to one-half inch distal to the internal iliac. The ureter thus forms the hypothenuse of a triangle, of which the base is the umbilical, and the side is the uterine artery. Variations of divisions and origins in the anterior branch of the internal iliac produces varied relations with the ureter. Dissections show that neither the internal iliac artery nor the ureter are constant in location, or in relation to each other. Besides, the artery and ureter are not fixed in relations to any intraperitoneal structure.

The surgical importance lies in the intraperitoneal relations of the uterine (and internal iliac) with the ureter. Though the uterine artery and ureter are not bound together in the same subperitoneal sheath, yet, when in close relations, which is frequently the case, they move together to some extent in the general subperitoneal bed.

It should be remembered that abdominal operations are prone to be accompanied by sudden deaths from emboli. The veins of the tractus genitalis, tractus urinarius and tractus intestinalis are large in the order named, and also liable to inflammation, phlebitis in the same order, consequently following operations the previously formed thrombi fragments break away, becoming floating emboli.

[Written for the MEDICAL BRIEF.]

Systemic Treatment of Cataract.

BY EPHRAIM CUTTER, M. D.,
New York City.

What is cataract? It is an idiopathic and traumatic opacity of the crystalline lenses caused by fatty degeneration of different varieties having unity, but not uniformity. The positive evidence is in the dicta of oculists, specially the German, in the morphological examination of cataracterous lenses; is the artificial production of cataracts by carbohydrates in excess hypodermically in guinea pigs and frogs and by half immersion of frogs in syrup.

The negative evidence is in the restoration, more or less complete, by the withdrawal of carbohydrate food in excess and by living upon lean animal food.

As history it may be said that in preparing an inaugural thesis on endosmosis the writer studied the histology of the crystalline lens, and later the physical appearances of fatty degeneration in other tissues, so that when the question was raised as to the kind of degeneration in cataracts there was no difficulty in recognizing at once the opacities to be due to fat in its granular amorphous forms. He photographed them and exhibited their lantern slides to medical societies as pioneer work.

Also that about 1855 Dr. S. Wier Mitchell produced cataracts in both eyes of guinea pigs and frogs by one drachm of the saturated solution of common white sugar beneath the skin. He half immersed

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frogs in the same syrup and in less than an hour they died with lenses cataracterous. Later Sir B. W. Richardson repeated these experiments successfully in London. He said that there were other things as well, injected subcutaneously, that produced cataracts in frogs.

Lastly the writer repeated the frog experiments successfully, though the frogs, fresh from their natural habitat, stood the exposure longer than the Philadelphia and London batrachians. Under the microscope these artificial frog cataracts were found invaded with granules of fat and globules of oil that caused the opacities.

The doubter is respectfully requested to disprove these observations by repetition discussionless. Till they are thus upset they must stand.

Some General Causes of Fatty Degeneration.

1. By retarded and impeded circulations. English idea.

2. By feeding on fatty food and carbohydrates in excess and long continued. They all are CHO. Conventional idea.

3. By excessive production, long continued, of CO_2 gas by fermentation in the alimentary canal paralyzing more or less parts near and remote, and thus impeding and retarding the circulations. American idea.

Particularium.—A man suicided with phosphorus in twenty minutes. His heart muscles were found infiltrated with granules and globules of fat. But poisons are not food.

From the above we infer that

Cataract is a Disease of Nutrition,

even in the traumatic variety, since the blow or wound must have separated the attachments of the lens or impaired them and thus retarded or impeded the circulations of nutrition.

The oculists say that a large proportion of eye diseases is due to malnutrition. Do not poor and ill-fed folk supply the large number of eye patients? Is not the indication to treat cataracts with good systemic nutrition? Surely in the abstract, poor food is good for nobody, any more than poor manure (soluble mineral food) is good for plants.

Food Principles for Cataracts.

1. Food should contain all the elements that enter into the structure of the crystalline lens. Refer to the text books. Are there not more than CHO? Can CHO answer the requirements?

2. The food should not interfere with normal osmosis.

3. The food should be easily digested and assimilated and not ferment in the alimentary canal.

4. It should be food that does not put albumin casts and fatty epithelia into the urine after they have been removed by a sugarless diet of good lean beef; free from obesity or fatty degeneration, or fascia, or white fibrous tissue in excess, or of the whites of eggs, with water enough to keep the urine at 1015-1020 specific gravity, so that the circulations may not be retarded nor impeded. (The writer is a second witness to this.)

5. In a word, the food should give a normal blood and urine like to the urine of a healthy babe on a healthy mother's breast. Even adults have met this test. (Writer a second witness.)

6. Food should be sugarless and its carbohydrates not in excess of the normal demand.

7. At first carefully examine for albuminuria, renal casts and fatty epithelia. Best to test for a week and judge from the per cent specimen. If urine is normal feed sugarless on two-thirds by bulk of food from the animal kingdom to one-third by bulk of food from the vegetable kingdom. Two quarts of water daily drank will keep the specific gravity at 1015-1020.

If urine is abnormal follow (four) till it is normal, then follow (seven).

A Few Cases.

Comparative.—A skye terrier was fed mainly on oatmeal, with chocolate candy. Her lenses plainly became cataracterous. Fed on animal food they greatly improved.

A man of eighty-seven, with plainly and partially opaque lenses, was fed in the above principles for a year with almost complete disappearance of opacity. The yellow lenses of a lady of fifty years was restored so as to be scarcely perceptible. Vision improved, spectacles (far-sighted)

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given up. Eye-strain headaches relieved. Her eminent oculist informed her that the opacity of her lenses was common in people of her age.

A middle-aged lady with distinctly opaque lenses, was likewise treated with success.

In all these human cases there was more or less of albuminuria, renal casts and fatty epithelia. Not all cases were successfully treated. Only Christ cured all. Corneal ulcer, amaurosis, glaucoma, detached retina, astigmatism, double iritis have done well under this treatment. As they are not cataracts they are out of place here. We think it wise to give this disease of nutrition systemic diet treatment, and where it does not suffice it gives a better chance for operative procedures afterwards. A system soggy with fatty degeneration is a poor field for surgery.

Flat-Iron Building.

[Written for the MEDICAL BRIEF.]

Gelsemium.

BY E. R. WATERHOUSE, M. D.,
St. Louis, Mo.

This plant is also known under the name of wild jasmine and woodbine. It is a twining plant that is found growing in most of the far Southern States, in neglected fields, twining itself over fences, stubs and fallen timber. It clambers from tree to tree, and owing to its dense growth, and the fragrance of its flowers, is many times transplanted for the purpose of shade.

Its use as a remedy was brought about by accident. The story runs, that an old planter being down with an attack of bilious fever instructed one of his slaves to get some roots from which to make some sort of an infusion. The negro, making a mistake, gathered a quantity of the jasmine roots, made it up and got it down his master before the mistake was discovered. The plant being then known as a poison one, the family gathered about his bed expecting to see him breathe his last. After some hours he recovered and was surprised to know that the fever had left him. After this it became of general use among the planters and slaves until some years afterward, when it came to the notice of some members of the medical profession, when it underwent study and investigation.

It is still believed, and thought by many, that it is a very dangerous agent to use, but extended observation and use by me has convinced me that this is all a grave mistake. While the symptoms of an overdose become very alarming to those who are strangers to the remedy, I feel certain that it can hardly be termed as a fatal poison, even if unreasonably large doses be ingested. Some twenty-five years ago a certain firm in Cincinnati received a consignment of the drug, made by cutting up the roots, and filling a barrel which was covered with highwines in order to preserve it for transportation. This was sent up the river, and the crew of the packet were cautioned to let it alone, as it was poison. They believing that it was whisky, tapped a barrel, drawing out a bucket full, of which they nearly all drank freely. When the steamer reached North Bend, Ohio, about twenty miles from Cincinnati, the crew were laying about the deck, perfectly helpless, being so completely relaxed that they were unable to speak, or move themselves. This relaxation extended to the sphincters, and a sorry mess they were in. Still all of them recovered by the time they reached their destination, hardly the worse for their experience. The best fluid preparations of this drug is made from the recent root, that made from the old, dry material usually giving negative results. That known as the green tincture being reliable.

It is stated by some authorities that the root contains a resinous substance that is poisonous even in quite small quantities, but by using dilute alcohol as a menstruum, this poisonous property is not extracted; still this statement I will not vouch for.

Gelsemium is a febrifuge and antispasmodic, owing to its relaxing action, and it has found for itself a place in "kit" of the therapeutist.

Its great indication is where we find a general condition of constriction, or rather excitation of the vaso-motor system, indicated by bright eyes, flushed face, increased heat of the scalp, and a

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general condition of excitement. Patient is restless, can not sleep, and in children many times we will find the accompanying evidence of spasmodic action. It matters little where we find these symptoms, as it will improve the conditions when used accordingly. Gelsemium has a special place in treating the ordinary fevers dependent upon malaria, and will greatly assist the action of quinine. Its perfect control over the nervous system gives it a place in neuralgias, nervous headaches, and dozens of other conditions that will readily suggest themselves if we bear in mind the indications as I have given above.

Gelsemium is near a specific in treating those dread cases of lockjaw. I have had three cases of this disease in my private practice, and all are alive, in spite of the statements emanating from our city hospital that ninety-five per cent of these cases will die. One case, a boy of fifteen, was given up to die. I started after him with half teasponful doses of the tincture, increasing it until he was getting a teaspoonful every hour. This was continued until he had taken two and a half pounds of the preparation, when the physiological action of the drug began to develop, when the remedy was withdrawn and complete recovery resulted. This case was seen by seven or eight of our city physicians during the run of the disease, and all of them agreed that there was no chance to save him.

In cases of prostatic troubles complicating gonorrhea, where the patient could not pass water, and catheterization was well nigh out of the question, I have given gelsemium until complete relaxation was brought about, when a few doses of santonin brought about the flow of urine.

Also in cases of confinement with a rigidity of the parts, I have given it in dozens of cases until the patient was as limber as a rag, and still no injury was ever noted.

In treating the summer diseases of children we find an important place for this remedy. Here it will relieve the restlessness, and cause sleep, and leave no after effects that we have after the use of opiates. The remedy should never be given where there is great prostration, nervous as well as muscular, with relaxation. The first appearance of its physiological action is the drooping of the eyelids, and the complaint of double vision, and it is seldom that it is necessary to carry it to this extent. In using this remedy in cases of labor, while it seems to relax the parts, it at the same time increases the uterine contraction and will greatly hasten the delivery. In neuralgic dysmenorrhea, gelsemium is far superior to morphine. In treatment of telegrapher's and writer's cramp (more properly a paralysis), gelsemium will often completely cure the trouble. Here I would advise the tincture to be given in doses of say three drops every two or three hours, for a considerable period. In diseases of the kidneys, where the secretion of urine is small, the remedy will do great good. It is a fine remedy to develop the eruption in measles.

Gelsemium is a remedy in treatment of asthma. The remedy also has an influence upon all mucous membranes, and is a fine remedy in the acute stage of gonorrhea. Two drachms of the tincture and two drachms of bromide of potassium, made into a four-ounce mixture, and giving a teaspoonful every two or three hours, will soon relieve the burning and distress of the early stages, and it is also a good remedy in treatment of chordee. It is a good remedy in the early stage of all acute catarrhs. In hysteria a few doses of five to ten drops of the tincture will in the majority of instances entirely relieve the case. In ovarian neuralgia it is not to be forgotten. In short, wherever we find a condition of determination of blood, or possibly we might term it an active congestion, we will be sure to note many of the symptoms calling our attention to the remedy, and it will never disappoint.

I have cured some of the worst cases of chorea by giving this remedy in small doses, say two or three drops three or four times a day, but here it is not as reliable as is cypripedium, which is as near a specific as any remedy can well be. Where we find a puffy tongue in cases of chorea, indicating an atonic, or prostration of the sympathetic nervous system, cypripedium will cure every uncomplicated case of the disease within thirty

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days' time. There will be a diminution in this puffy tongue long before there is any decrease in the choreac shaking.

1416 Chouteau Avenue.

[Written for the MEDICAL BRIEF.]

Treatment of Insomnia.

BY J. W. PEARCE, M. D.,
LaGrange, N. C.

The treatment of chronic insomnia is of great interest and vital importance to the medical profession. By its proper management the lives of many individuals may be rendered comfortable, and a tolerable existence experienced. I say tolerable because I have heard so many who suffer from insomnia declare that theirs was an intolerable existence from which they would be glad to give anything to find relief.

In outlining an intelligent course of treatment for any individual case, something of the etiology must be inquired into, and have due consideration. The causes of a predisposing character are the female sex (it is more often encountered among the female sex than the male), old age, nervous temperament, and intellectual pursuits.

Of the exciting causes, the following may be considered, functional or organic disturbances of the brain, worry, anxiety, grief and bodily pain, noise, if not monotonous, fever, coffee, tea, etc.

Insomnia may be an accompaniment of some other disease, and may prove very distressing in its effects, and in some cases may materially influence the termination of the disease which it accompanies.

In the treatment of chronic insomnia a normal and sufficient nutrition is to be secured as a basis for a normal central nutrition, but the mistake of over-feeding is not to be made. The distribution of the blood is to be equalized, and it will often be found that this is the whole cause of the trouble, and as soon as it is corrected the patient can and does enjoy full and natural sleep. Cold feet, which trouble a great many of the people who seek advice for this condition, is but an evidence of an unequal distribution of blood throughout the body. Headache may be a symptom of a hyperemic condition of the brain. The well-known expedient of taking a small amount of easily digested food on going to bed serves only to aid in equalizing the circulation by drawing on the rest of the body for blood to aid in and carry on the process of digestion, and this expedient acts very well in a few well-selected cases, where hyperemia of the brain is slight and easily controlled.

In my practice of medicine I have found one combination of drugs that well deserves the name of hypnotic, and this is bromidia. It is composed of chloral hydrate, potassium bromide, extracts of hyoscyamus and cannabis indica in proper amounts to be the most efficient. The amounts of each seem to be synergistic to each other, thereby rendering small doses only necessary to produce the desired effects. This combination equalizes the circulation, produces tranquility of the nerves, thereby securing rest from mental anxiety of any kind. Capable of producing the conditions necessary, a sense of well-being and restfulness, it necessarily follows that it is the preparation that will be the most useful when administered for chronic insomnia.

Using a great deal of the preparation, I have tried to prepare it (the formula being given to the profession), and have used a great many preparations made by different pharmaceutical firms said to be just as good, but I do not get the results I do from the original bromidia, as made by Messrs. Battle & Co., and for that reason prefer it to all other preparations now on the market. These clinical reports, as taken from my records of cases, will be helpful to the student of medicine, in aiding him to arrive at an intelligent course to pursue in the treatment of insomnia.

An elderly lady presented herself at my office, stating that she was unable to sleep at all to amount to anything. Stated that she could only sleep one or two hours of each twenty-four, that she was nervous, felt exhausted, and that there was a continual full feeling in her head. She complained of cold feet and legs as far as her knees. I made a careful examination, but could find nothing in her physical make-up that was of any importance. She was

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very nervous and uneasy about her condition, and dated her trouble from the death of a little grandchild, which died about five years previously. During the illness she had given it a great deal of attention, sitting up with it day after day, and night after night, until her nervous system became under a great strain. She could sleep but little at that, and since then the trouble had been growing worse, until now she could scarcely sleep at all. I prescribed tincture of nux vomica in ten-drop doses before each meal, advised her to take a warm foot-bath just before retiring, and a teaspoonful of bromidia at the same time, each night. I also advised her to leave off all worry and trouble as much as possible, forgetting her condition, and secure a restful state of mind and body as was possible under the circumstances by having someone to read some pleasing story to her during the evening hours.

On leaving, I asked her to report at the end of one week. She came at the appointed time, looking very much better, stating that she had slept fairly well after the first two nights. Those nights she explained, it seemed as if she could not get the consent of her mind to give up all else and go to sleep, though she felt rather sleepy at times during the nights. Her appetite was improving, and she seemed a great deal more buoyant and hopeful about her condition. I advised her to pursue the same course, and report at the end of the next two weeks. When I saw her then, she was continuing to improve, and stated that she felt ever so much better. Since that time she has been doing exceedingly well, being able to leave off the accustomed dose of bromidia, and then rest and sleep all right.

This case was that of a young mother who had recently lost her only child. During its illness she had sat with it nearly all the time, and while she was lying down could or did not sleep but very little. She was very much overcome with grief at its loss. When I saw her she presented the appearance of almost a complete physical wreck. She was emaciated, had no appetite, was very nervous and uneasy, the slightest unusual noise startling her readily. I prescribed nux vomica in form of tincture, in doses of ten drops before each meal for its tonic influence, and gave bromidia in teaspoonful doses, as was necessary to secure rest and produce sleep. After three days' treatment she was enabled to leave off the bromidia, except a dose on retiring. This she continued for a week or ten days. The nux vomica was continued for three weeks. This case resulted in a complete cure, and she is now as well as ever.

The third case I desire to report is that of a middle-aged man, who had become much worried on account of unfavorable business relations. He presented himself at my office for advice and treatment. I advised him to leave off thinking about his business relations as much as possible when he went home, to take a warm bath, eat a light dinner, read some little interesting story that did not require much mental effort to understand, take a teaspoonful of bromidia, and go to bed. This he did with very gratifying results, having been able to secure a full night's sleep and rest from the first of the treatment. Since that time he has been getting on finely.

Rosenbach's Book.

When Robert Koch announced the discovery of tuberculin as a cure for consumption at the International Medical Congress in 1890, the whole medical world went wild with enthusiasm. The teachings of experience, the lessons of common sense, all were forgotten.

The most extravagant visions of a world without disease were entertained, the shares of life insurance companies went up, here and there the question of how we should dispose of our surplus population was raised.

The medical profession believed in vaccination, and had a loose idea that the two things were practically the same; hence, it was prepared to accept Koch's dictum without much investigation. In fact, they have nothing in common, as a little discrimination will show.

A man accustomed to think for himself, and able to retain his balance, would know that a remedy of the nature of tuberculin would not be of the smallest benefit in consumption.

The MEDICAL BRIEF took this stand at the time, and was severely attacked for daring to have independent views on the

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subject. *The experience of the medical profession with tuberculin has demonstrated the correctness of the* MEDICAL BRIEF'S *position on this question.* The many who pinned their faith to Koch's infallibility have seen it withered by this same experience.

Rosenbach, in his now famous book, "Physician vs. Bacteriologist," which the BRIEF reviewed editorially in October, 1903, and which has since been published in English, gives a graphic description of the serious consequences which follow a fad of this magnitude.

Tuberculin has passed out of sight. We seldom see a mention of it except to illustrate the folly to which unquestioning enthusiasm may lead one.

If the frankly-expressed views of the MEDICAL BRIEF had been generally received in a scientific spirit many of these unfortunate consequences might have been avoided.

Tuberculin as a curative agent is everywhere admitted to be a failure, but a few uphold it as a diagnostic aid. With reference to this Rosenbach says: "The remedy can be utilized as a diagnostic aid only in so far as it indicates that an individual possesses a conspicuous irritability to the phlogistic substances obtained from the tubercle bacilli, which irritability is found especially often in the tuberculous, but not exclusively so. Reaction, therefore, does not signify that those in whom it is called forth are tuberculous, but simply that they are more inclined to become feverish than many others."

Rosenbach does not believe that any common-sense doctor, accustomed to see medical fashions come and go, expects a long life for antitoxin. He says: "Although the verdict regarding the value of this method may calmly be left to time, still it does not relieve us of the obligation of formulating the objective scruples against the method, and against the manner of its introduction into practice." He shows up the method of manufacturing favorable statistics and exposes the evils caused by these injections.

Excitement, not to say panic, in the ranks of serum therapists, will inevitably follow the throwing of such a bomb as his forcible arguments constitute.

The many thousand BRIEF readers, who have enjoyed its editorial attacks on the false gods in medicine, and have stood by the Editor from start to finish, will be more than pleased that Germany has furnished from its ranks of eminent men an advocate to cast a lance for truth. —ED.

[Written for the MEDICAL BRIEF.]

What is Suggestion?

BY A. A. LINDSAY, M. D.,
Principal of St. Louis College of Suggestion.
St. Louis.

Recently a physician in one of our cities stated upon the witness stand that certain matters pertaining to the litigant were due to suggestion, which was a very unfortunate remark for the doctor. The attorney, in examination, said, "Doctor, what is suggestion?" After clearing his throat two or three times, hoping thereby to get a thought from some place to help him out of the tangle, he replied, "Suggestion! that is something that affects the mind." The doctor would be a rich man had he collected a very insignificant sum from everyone who has laughed at his answer, for the thousands who could not answer at least saw the absurdity of his.

So many of our good brothers console themselves in their ignorance of scientific suggestion by saying there is so much that even the specialist does not understand, why should I be bothered concerning it at all?

The best reason I know as to why every doctor should bother himself about it is that there is so much that is now really scientific about it that did he understand the knowable he would have the most efficient agent at his service of all the agencies that he can command.

When the doctor knows suggestion as a science, he will know he does not have to be a hypnotist, or practice hypnotism, to apply the agency of beneficence most effectually; that hypnotism is the part of psychology that is useful almost exclusively as a means of demonstration of the different offices of the different divisions of the intellectualities; that hypnosis stands in relationship to practical, laboratory psychology that dissecting does to the medical college laboratory.

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Without dissection of the physical we could not learn it. Without the same separating in the psychological we can only learn from what others have learned there. Brethren, I step out of my laboratory to-day to tell you of the BRIEF family that which a decade of work demonstrates, and if you will assimilate every word of this, you will utilize that which is supreme as a remedial agency, and save you many an hour of laborious endeavor, and in your practice save your patients from changing physicians, leaving you.

Suggestion in its ordinary use means the introduction of an idea into a mind. Suggestion in its scientific meaning, strictly, is the introduction of an idea into that part of intellect that presides over the body, and which idea being introduced there manifests its results involuntarily. To illustrate, I suggested to a patient, "There is no sense of feeling in your arm." He looked at his arm and replied, "Yes, there is." I am sure that was the introduction of an idea into his mind, but he threw out the idea just as promptly. Suppose now that he had accepted the suggestion as being true, and I had tested the feeling, and found he felt no pain, that would have been evidence to the uninitiated that the mind into which I first introduced the idea presides over the function, but to the demonstrator in psychology it proves a very different state of things. You can not study what I am here saying too carefully, for I am about to show how the Christian Scientist, Divine and Mental Healers happen sometimes to cure and yet fail many other times.

In the first instance, I introduced the idea and it was at once rejected, and so went no further. In the second or the hypothetical case, the idea that there was no feeling was introduced into the wide-awake mind, but that mind considered the idea, and said it was true, that feeling had been taken away, and he passes it down to the seat of the sub-conscious as being true, and that which the mind believes is faith when it reaches the subjective, and it is the subjective that presides over the functions of the body. Hereafter, for sake of plainness and distinction, I am going to call that conscious, wide-awake, objective mind, simply mind, and I shall name that subjective intelligence that presides over the body and is controllable by suggestion, the soul.

As a further distinction between the two intelligences, I will say that the mind uses the brain and nervous system as its means of manifesting, and probably is located exclusively in the brain. The soul is that collective intelligence that resides in every cell of every tissue of the body. This is right, since the psychology of the cell has revealed that there is mind present in all, and that the inherent laws that govern man in his entirety, both as to himself as a soul, and of the body as his present residence, are the same inherent laws governing the cells. Then since in studying the various cell organisms outside of the body we find the little first animals possess mind and no brain; this is demonstration that there is mind independent of brain and nervous system.

The chaotic condition of psychology and suggestion in most peoples' minds is due to the fact that it is generally thought that if a suggestion affects at all, it is through the operations of the mind. This cloudiness has increased because remedial effects occurred sometimes without the patient being passive, and yet many times in the passive state. The first experience would seem to render it unnecessary to produce the passive state, which most of the supporters of the science claim is essential. Yet the doctor knows of the various healers who do not produce the passivity, and then the doctor has occasionally successfully given suggestions in the wide-awake state. So sometimes getting results by introducing the idea into the mind, but failing often under like conditions, has caused the confusion.

Its solution is simply this: Sometimes your patient will accept what you say, and he says to the soul that what you suggest will take place, and the soul brings the results.

In another instance you will introduce the idea into the mind, and the patient would give a hundred dollars to believe what you say will occur, and he will try to cram it down upon the soul, but in that forced introduction of the idea into the soul, right along with it is the auto-suggestion that it will not take place. What is then the remedy, and what will clear

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all of this up? Simply this and nothing more: produce even a slightly passive state (not hypnosis) and the idea will be introduced into the supreme power, the soul, and not be counteracted by the auto-suggestion of the patient's mind. But in this semi-passive state make your suggestions positive, but not indicating a great and sudden change that you yourself would not from experience expect would take place in a given time. At the next visit the passivity will be greater, and you can suggest more impressive manifestations. The point is, do not suggest that a chronic case will be perfectly well in a few hours, but suggest general improvement, and many of the symptoms by individual suggestion directed to them largely or in the main disappearing. If you make a stronger suggestion than can take place, you will defeat the efficacy of the method, for the soul will take it that you are deceiving it.

I desire to say that it is seldom that a therapeutic suggestion will be effectual if introduced as an idea into the mind, for the reason that the consciousness of the disorder will pass its counteracting influence down to the power that presides over the functions, and since it is so simple and easy and natural to soothe and quiet the patient, and talk hopefully to him, why depend upon the objective method at all? I know of no operators of this day who seek to hypnotize the patients. Not that it would injure anyone, but it simply is not necessary, except in remote instances.

Walk up to your patient's bedside, and grasp his hand in yours, and with your left run the fingers lightly over the eyes, and asking him to close them that you may observe the evenness of his pulse and respiration when he is quiet, and then continue talking to him, his eyes still closed, in a monotonous tone, or at least in a kind, interested and sympathetic manner, speaking of the different changes that will take place, and if you are giving him medicines, tell him that the treatment will do various needed things. Bear in mind that what you say under those circumstances will manifest through involuntary action for the soul, although controllable by suggestion, asks no further permission after the suggestion has been made, but proceeds to profoundly manifest its power.

It is pleasing to know, however, that there is a rapid increase going on now, not only of patients who read and hear of suggestion in its scientific efficacy upon every hand, but that the profession is generally getting to feel it is incumbent upon them to know scientifically how to use suggestion. Dentists and physicians are obtaining satisfactory results, though practicing without notifying the patients. Apply all herein taught, and you will be a successful, practical psychologist.

2420 N. Grand Avenue.

[Written for the MEDICAL BRIEF.]

Intra-Uterine Medication.

BY C. WOODWARD, M. D.,
Chicago, Ill.

Those who practice intra-uterine douches by the continuous stream or elevated irrigator method are always drawing wrong conclusions whenever any abnormal symptoms occur following its use. The uterus is not usually washed out unless symptoms of infection are present. One writer gave a woman an intra-uterine douche on the third day after parturition because the lochia was offensive, and then stated that in one-half hour she had a chill, followed by a rise of temperature of 102° F., lasting six hours, followed by profuse sweating. Here was a coincident, because the third day was the natural time for poisonous absorptions to act in the system, and it acted normally, as in other cases of puerperal infection, and the symptoms should not be attributed to any effect of the douche.

Another physician gave a woman an intra-uterine douche of a permanganate solution on the fourth day after parturition, because lochia was very offensive. No membranes passed, and in a short time she had a nervous chill, which lasted fifteen minutes, when her temperature had risen to 108° F., in the axilla, pulse one hundred and eighty. The temperature soon dropped 3° F., when she became slightly delirious, followed by profuse sweating. On the fifth day the patient was in a normal condition, except for the offensive odor of the lochia, and extreme

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prostration. Undoubtedly this is another coincident case, the douche having been given just before the infectious influences were manifested in the system.

In these cases both were followed with more or less anemia. It has been observed that anemia follows puerperal infections and other conditions in which the constituents of the blood become changed. What may have resulted to these two women if the intra-uterine douche had not been given, is beyond anyone's knowledge. But after having washed out the uterus twenty thousand times by the interrupted stream method, it has never been observed that anemia followed this treatment. If those who practice the elevated douche method claim that anemia follows as its effect, then there is no need of more evidence that their method is injurious and harmful.

As long as the medical profession does not know that better results can be obtained in washing out the uterus with a solution of twelve ounces than from one or two gallons, it will form wrong conclusions of its effects.

The elevated irrigator douche method will disappoint those who practice it until its effects are recognized as beyond their control while in use, as the following explains. The elevated intra-uterine douche method is impracticable because the continuous stream causes contractions of the uterus so suddenly, and without presenting any sign or symptom of warning to enable the physician to avert uterine colic.

The interrupted stream method is practicable, because when solutions are introduced too rapidly, too strong, too hot, or too cold, a dull pain will occur in the uterus which is the warning sign that enables the practitioner to prevent uterine colic.

762 Warren Avenue.

Congratulations From an Advertiser.

July, 1904, BRIEF before me. Kindly accept congratulations on its "new dress." It is one of the most attractive cover designs it has ever been my good fortune to see.

THE ANASARCIN CHEMICAL CO.
Winchester, Tenn.

[Written for the MEDICAL BRIEF.]

What Do We Know?

BY DR. C. E. PATTERSON, M. D.,
Grand Rapids, Mich.

On March 4, 1904, I celebrated my twenty-fifth anniversary of graduation from the Detroit College of Medicine and Surgery. As I look back over the time, I ask myself, have I gained or lost in the transaction as a business proposition. From a financial standpoint I know I have gained, but is that the question? No! I do not consider it is. I consider what I have gained in intellectuality and intelligence my profit or loss as the case may be, and what is true for me is the same to all members of the various classes for the past years. Business men, in order that they may know how they stand, take an inventory annually, and by so doing know exactly their profits or loss from year to year. As the physician's stock-in-trade is mostly his knowledge, let us take an inventory, and see whether we really know more or less than we did at time of graduation. Newly-made graduates are quite apt to think there is but little more to learn. The older the graduate the more he sees that he does not know (scarcely) anything, and begins to know that it is better to know a few things that are true, and know them well, than so many things that are not true, which to his sorrow he has to learn to forget.

Now, as the knowledge of the physician pertains mostly to his profession, we will confine our questions principally to man and the so-called mysteries pertaining to him. Then we will first ask the question, what is man? Is he a unity, a duality, or a trinity? If a unity, then death must be the end. If a duality, then what? And a trinity, then what? If a unity, the physical body must be all, and if it was all, the practice of medicine would be a perfect science. If man is not a unity, medicine as it is would not be a perfect science. I ask you is it? If you think it is, I ask you why are not your old practices of twenty, yes or ten years ago, as good as your new ones of to-day? I now ask you, what is the soul of man, and what is the difference between the soul

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and spirit? What is the ruling power in man that transmutes the varieties of foods into the various tissues, blood, muscle, bone, nerve, etc., etc.? What heals the wound when the surgeon adapts the surfaces? You may answer and say Nature, but then I ask, what is Nature? And then ask yourself this question, is the soul created at the time of conception, or was it created before, and was only awaiting a proper body to manifest in?

Which and what is the difference between the mind and the soul? A great many will say they are one and the same, but I ask you, did you ever change your mind? Do you think you ever changed your soul? You speak of men losing their minds. What do you think of men losing their souls, and still manifesting on this earth's plane?

And now you begin to think, as we say. But I ask you at once, what is thought? Is it an art or a science, and why either, both or neither? Now comes ideas, what are they? and from thence reason, and how is that presided over, and by what? And then what is will power? We speak of intellectual men and intelligent men. Now what is the difference, or is there none? And if none, why apply one for one man and the other for another? You speak of men's knowledge, which to me means, "To know." But suppose the thing I know to-day proves false one year from to-day, was it true knowledge I had or false, and how can we absolutely know true from false knowledge at the time of receiving it? Do we know a law by which we can distinguish, and is there such a law?

Now, what is truth? There certainly must be truth, else there could be nothing false. There can be nothing without its opposite. If there was no evil there could be no good. If no positive there would be no negative. Hence there must be exact truths, and if we knew the exact truth, would medicine not be an exact science? Ask yourself these questions, and see how much stock you have in trade for the beginning of the new year. If you have none, how much profit do you expect or think will come to you as the result of your next year's work?

Now, the profit to the physician is not in dollars and cents to him merely, but the main profit is to his patients, which they in exchange pay him for in dollars and cents.

Now, are you capable of rendering to your clients any profits that they can afford to pay you for, or are you just making believe you are doing something for them, when in reality you are not, and to speak the truth rather on the quiet, 'sh! "Just stealing their money." Would a doctor steal? If he does not know the exact truth so as to make medicine an exact science, is he not stealing, when he collects pay from his patients, when in reality they should have the pay for granting the doctor the privilege of letting him experiment upon them? Let us ask ourselves these questions, and let us begin with the new year to delve into what has been called the mysteries of man, and begin at once to dissect the man rather than the body. It can be done, and I say to you in all candor, there are no mysteries when you know the exact truth, and it can be known, and you will all remember our Greatest Physician said, "If you know the truth, the truth will make you free," and that meant free from sickness and sin, as he considered them one and the same.

He said, further, "Physician, heal thyself," and I now ask, if a physician is not capable of healing himself is he really capable of healing others, and if not capable, should he be allowed to experiment on suffering humanity?

Take a full inventory, brother practitioners, and see how much real truth you have in your possession. Take an inventory also of how much selfishness you have in stock. The less truth you have the more selfishness. Hence, if you have no truth, all selfishness, you can test this by looking into your own heart and asking yourself how many you have tried to treat where you actually knew someone else could do more for the case than you could, but rather than let someone else have the credit for curing the case, you would prefer to let them die on your hands, and the grave cover your ignorance. Be honest, and answer to yourself, if to no one else, and then begin to open your eyes, and weigh the thing in the balance, and be sure selfishness does not bring the balance in your favor.

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[Written for the MEDICAL BRIEF.]

Longevity for Physicians.

BY F. W. OWEN, M. D.,
Morristown, N. J.

Nearly forty years of continuous medical practice have taught me the following truths:

1. The medical practitioner who denies God, and, in his self-sufficiency, rejects the aid to his difficult calling supplied by reliance upon the Divine Creator, of courage, endurance, tact and progressive professional equipment, comes to grief, sooner or later. If not, his patients do.

2. It follows, from the above, that mistakes in the beginner are less frequent, proportionately to his willingness to take unselfish advice.

3. Self-indulgence is the mother of failure, self-denial the mother of success. But sleep, "Nature's sweet restorer," taken at the proper times, meals, resolutely freed from the importunities of all but exceptional cases; music, made or heard in odd hours that come to all doctors; walks, brisk, but not hurried; as much vacation for the physician as for the post-office clerk (and more with the lapse of years); a moderate identification of the physician with benevolences and charities dear to his community; all these are not self-indulgences, but self-protection.

On the other hand, the struggle with the taste for stimulants and narcotics, and the appetite for mere works of ephemeral fiction, can not too soon be initiated. Let the doctor of average mentality remember that only the select few can have self-indulgence and satisfactory (?) practices, and that even they may not see the end from the beginning.

Apollinaris rather than ale, a tune on the piano rather than tobacco, Shakespeare, the Odyssey and your favorite poet rather than "Ships That Pass in the Night," mean a clearer head, a safer pulse, a better bank account, and the legitimate self-respect that goes far to invite confidence and patronage.

4. With the medical profession, but not to the exclusion of others, speculation is a "buzz-saw." Perhaps the earlier in the doctor's life he collides with it the better. A good home, unencumbered, a good life insurance policy, an established practice, a fair amount of savings, placed where the safety of the principal is the main consideration, these may well be the financial *ultima thule* of the rational practitioner.

5. A kind heart, beating in a clean and well-exercised body, a mind open to the truth, a willingness to concede merit in others, a habit of promptly meeting all obligations, and a patient bearing, under an all-wise commander, of life's severe discipline, reasonably ensure to the medical practitioner longevity with happiness.

[Written for the MEDICAL BRIEF.]

Medical Requirements.

BY JOHN A. WELSCH, M. D.,
Farber, Mo.

As many journals are devoting many columns to what they term higher medical education, etc., a line from the other side may not be amiss. Were the regulations proposed literally carried out, we would have instead of better physicians, medical theorists, skeptics, and politicians. If a man believes too much in medicine, the higher education fellows call him unscientific; if too successful, unethical; the general practician, and particularly the country practician, if he ventures an opinion, is contemptuously referred to as the opinion of the local talent.

While I am in favor of a high standard of medical education, as all physicians should be, I also know that the real physician is born, not made, but born and developed. I also know that a common school education is quite sufficient as a preliminary requirement. While a college course is an accomplishment, and advantageous, it is not a necessity as a preliminary step to a medical education. Many of our greatest and best physicians and surgeons of the past never had it, and many successful practicians of the present have had no college course, nor do they from a medical standpoint feel the need of it. I do not mean to say that a college course is not a good thing to have, but I do mean to say that it is not a necessity to one who would be a physician, but that a requirement of a good English education is sufficient, this to be determined

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by examination by the various medical colleges, when the applicant does not present them with sufficient documentary evidence to convince them that he has such an education; and, further, that every graduate of a reputable medical college should, on the payment of a not excessive fee, receive a license to practice medicine anywhere in Uncle Sam's domain, and if the competition became too strong for the higher education fellows, they might be given an opportunity to enter some other profession or business, where a little special legislation which is constantly being proposed by them might be granted them without imposing hardships on the entire medical profession. The power of licensing physicians is now in the hands of the medical politicians in most States, and a man may spend all his time, money and years of patient labor to fit himself for the profession of medicine, and be told on the threshold of realizing his ambition, after paying the exorbitant fee, that he failed to pass an examination, and can not practice, no difference if a member of this examining board could pass the examination or not, if he crosses an imaginary line into another State, another staff fee and examination, if they think his qualifications entitle him to their recognition, and, in many instances, the law leaves it to their personal opinion or generosity in the matter.

We need some legislation, national, recognizing physicians and all graduates from our reputable medical colleges, whose continuous efforts have developed the science of medicine to its present elevated standard, the rank and file of the profession, who devote their lives to healing the sick and battling with disease generally, need some recognition and protection, as well as the dear people who are by no means as ignorant and liable to imposition as the higher education fellows would have us believe.

If we would keep our noble profession on a high plane, and our ranks filled with earnest, intelligent men and women, and if we who received our degree a few years ago would not be legislated into all kinds of hardship and inconvenience, if not oblivion, it is time we were saying something, and inspiring a little common-sense among prospective medical students, as well as a few regulations for our protection and the protection of our sons, whom we intend shall follow our honorable profession.

[Written for the MEDICAL BRIEF.]

Morphine Habit.

BY C. A. BUTTON, M. D.,
Holland, N. Y.

Mississippi, page 336, April issue, "Morphine Habit," does not give information enough for specific directions, but the principle of treatment is to bring the system from under the influence of the drug in the same manner that it came under it, *i. e.*, so gradually that no discomfort is felt.

Make an aqueous solution of morphine to last a week, and of such strength that the patient by taking teaspoonful doses the same number of times a day that he usually takes the drug will give him his maximum daily consumption. Add one drop tincture nux vomica for each teaspoonful, and direct a teaspoonful at his usual time of taking the powdered drug, with the suggestion that it is a better preparation and will do him more good than the powder. The next week reduce the powder used by about one-tenth of the amount, and continue reducing the amount used weekly by an amount so small that the patient will not miss it, keeping the bitter taste about the same by adding more nux as the morphine is reduced.

Build the patient up with good hygiene, nutritious food and out-of-door living, and get him interested in some kind of work. He can see the first bottle prepared to know that he is getting his full allowance, but do not let him know what is added or that reductions are made.

Time and patience will surely conquer without any discomfort. The usual trouble is the too rapid withdrawal.

Enclosed find one dollar for my renewal to the MEDICAL BRIEF. Can not afford to be without it, as I consider it a very valuable journal.—H. C. DARNER, M. D., Springdale, Iowa.

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Inquiry Department.

Help Wanted.

QUESTION:—Male, aged thirty-five, single, practiced self-abuse from sixteen to twenty-one; later excess with women.

Has varicocele on the left side, stricture of the urethra with oozing of clear fluid during excitement. Parts usually cold. Erections firm; desire weak. Nocturnal emissions about once a month, always with erection. Discharge of semen during intercourse, premature.

Patient very nervous, morbid sensations. Dread of impending death. Afraid to venture from home for fear he will lose his breath. Grows weak when excited, face flushes, hands and feet grow cold, feels as though he will collapse. Can not stand exposure to cold.

Digestion weak, tongue heavily coated. Loud gastric gurgling at base of ribs on left side.

Patient is restless, easily worried, irritable. Patient is naturally intelligent and anxious to get well. Wears a suspensory. Stricture has been relieved by dilatation with sounds. Has been in this condition for several years. Circulation poor. No sugar or albumen in the urine.

Please give treatment for this case and oblige.

Pa. E. E. C., M. D.

ANSWER:—This patient is suffering from neurasthenia of sexual origin. All the organs are out of gear for want of nervous force sufficient to run them properly.

The first step is to put the vegetative organs in condition to make more and better blood. There may be some dilatation of the stomach. There is certainly fermentative indigestion. Give Wyeth's granular effervescing phosphate of soda to clear out the digestive tract, and clean the tongue.

℞ Ext. Hydrastis Can. Fl.....1 ounce.
Neurilia .....3 ounces.
Seng .....4 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

Diet carefully, avoiding overtaxing the stomach and consulting the patient's digestive capacity as made known to him by experience. Abundance of fresh air, systematic rest; light, agreeable occupation, cheerful surroundings and associates. Above all, avoid dwelling on his condition.

When he has taken up the above prescription, put him on sanmetto, teaspoonful half an hour before meals, and give ten drops of the muriated tincture of iron in water after meals as a vaso-motor tonic.

Hydrotherapy may be of some assistance in this case.—ED.

Blood in the Urine.

QUESTION:—Kindly give diagnosis and treatment in the following case:

Mr. S., merchant, thirty-seven years of age, weighs one hundred and forty pounds. States that in 1897 he noticed blood in his urine, not much, "just enough to show that it was blood." This kept up for a period of eighteen months. As his health did not seem to suffer, he took no treatment. No pain. Passed about the usual amount of urine, getting up once or twice during the night.

Some eight months later the hemorrhage returned, continued for about six months and then ceased for three years. Since that time has had several attacks, lasting from a few weeks to several months. In February last it returned once more and has been continuous ever since.

The patient attends to his business every day and seemingly this hemorrhage does not affect him to any great extent. He consulted me last week. I examined his urine and found everything normal except for the presence of the blood. He says the amount of blood is greater than at any time heretofore. Not being satisfied as to his case, I turn to the BRIEF for help. I will appreciate very much any suggestions you may make in regard to my case.

Ind. Ter. E. L. E., M. D.

ANSWER:—Sorry you do not give us any particulars as to the color of this blood, whether bright red or dark, smoke-colored; also whether it precedes, follows or is intimately mingled with the urine. This information helps to locate the source of the hemorrhage. Did you make a microscopical as well as chemical analysis of the urine? If the urine is normal, there is no pain or other symptoms referable to the kidneys, the hemorrhage probably comes from the bladder or urethra, or is the result of some circulatory disorder, or disease of the blood. We suggest an examination of the bladder with the cystoscope.

A man of thirty-seven who has to rise twice in the night probably has some irritation of the vesical neck. The hemorrhage may come from a polyp.

In the drug treatment of this symptom, we call your attention to turpentine, erigeron, ergot, and the muriated tincture of iron.

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The following is also an excellent prescription:

℞ Acid Gallic .....1 drachm.
Acid Sulphuric. Dil.....2 drachms.
Aquæ q. s. ad.....3 ounces.

M. Sig.: Teaspoonful in water every four hours.

Do not let him suffer from constipation, as this will cause and perpetuate a pelvic congestion, so will torpid liver, malaria, etc.—ED.

Morphine Addiction.

QUESTION:—Professional man, aged fifty, uses morphine at the rate of five grains per day by the mouth. Is anxious to quit the habit and has been endeavoring for some time to get along without the drug. When he has not his usual dose, complains of weak, sinking sensations in the region of the stomach and general exhaustion. Sweats freely at such times.

His general health is good, mind active and strong, good appetite, sleeps well. Bowels move daily, healthy in appearance.

Any assistance extended by the Editor or BRIEF readers will be appreciated. Give doses as well as names of remedies.

W. Va. W. W. D., M. D.

ANSWER:—This would seem to be a favorable case for successful treatment.

We would suggest that the morphine be cut down at the rate of a grain per week. The sinking sensations complained of may be relieved to a great extent by giving one one-hundredth grain sulphate of strychnine (S. & D.), repeated in half an hour if necessary. Also have him lie down and administer some nourishment, either a glass of hot milk or broth if the milk is not well digested. Celerina acts very nicely in these cases of drug habit, being a diffusible quick-acting stimulant. It is harmless, and may be given in one or two teaspoonful doses at intervals of three hours.

Various unpleasant nervous symptoms, such as algid spells, hot flashes, sweating, giddiness, sinking, etc., are bound to occur during the first few days' experience without the drug. They must be met as they arise with palliatives, and a certain amount of fortitude. The sympathy, courage and counsel of a friend are invaluable during what may be called the crisis. If the patient can be tided over that the worst is past, especially where there is a good constitution, healthy functions, and a real desire to be cured backing the treatment.—ED.

Cirrhosis of the Liver.

QUESTION:—I send you the photograph of a little boy now four years old. He has cirrhosis of the liver, or that is my diagnosis. I want your help in this case and also that of the BRIEF readers.

The dark lines on the abdomen indicate the lower margin of the liver and spleen. It has been down below the crest of the ilium, but I have reduced it to where the lines are at present.

The father is of a decent Dutch family, of good history, fifty-three years old, never had any serious sickness in his life. He is a robust man, has never had syphilis. The mother's mother died of tuberculosis, some of sisters have died of the same disease. Mother now has tuberculosis.

As you can see from the child's appearance, he has ascites of the abdomen and face. He has fever once and a while. He breathes hard and croupy at night. The pressure on the in-

ternal organs interferes with the circulation. His heart action is bad, his legs are small and emaciated, his eye expression is dull. He sometimes plays with the other children, then again he seems dull and stupid. His mind is not clear. He is slow to understand.

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He has never had jaundice, but every spring and summer he has a severe skin eruption, which is so bad sometimes his legs have to be wrapped in greased cloths. His feet are so sore that he can not walk. Antiseptic treatment, with attention to the blood, soon cures him up.

My treatment has been as follows: First, the elimination of water from the blood by diuretics and hydragogue cathartics. Diuretic measures seem to accomplish little. Elaterium was selected as the hydragogue cathartic, resulting in abundant liquid evacuations, with some relief. I then put him on bichloride mercury, sulphate of strychnine, Fowler's solution, dilute muriatic acid, sulphate of quinine, tincture chloride of iron, glycerine and simple syrup, teaspoonful three times daily in a wineglassful of water.

This gave some relief for awhile and then failed. Mercurial ointment applied over liver and spleen did no good.

Then I put him on minute doses of calomel, ipecac, ext. col. comp. rhubarb, ext. podophyllin, ext. leptandra. This has done more good than anything I have given him yet.

Now, Dr. Lawrence, what do you think of this case, and what do you think will cure him? What do you think of a blister over the liver and arsenic internally? Do you think I am right in my diagnosis of this case? Long live the BRIEF. GEO. F. CRAWFORD, M. D.

Harmontown, Miss.

ANSWER:—We think this child is most too young to have a genuine case of cirrhosis of the liver, especially as there is no history of syphilis. The trouble is probably a chronic hepatic congestion from malnutrition and weak heart action. We suggest that you try the following:

℞ Ammon. Chloridi .....2 drachms.
Tinct. Nuc. Vom.....1 drachm.
Glycerini .....4 drachms.
Ext. Glycerrhizæ Fl.....2 ounces.
Chionia....q. s. ad.....4 ounces.

M. Sig.: Teaspoonful three times daily.

You may also find use for phosphate of soda, particularly in quite small doses, and also one-drop doses of fluid extract apocynum cannabinum.

Rubbing the body with stimulating applications and manipulations of the liver should be employed.

Chilling should be avoided by every possible means. Draughts, damp atmosphere, cold drinks, exposure, etc.—ED.

Inflammation of the Uterus.

QUESTION:—Would like some help in a case of uterine trouble with anemia and a generally run-down state of the system.

The patient had a severe uterine hemorrhage some two years ago, and a year ago last January had a second. Has been menstruating irregularly since. Will not soil more than one napkin at a period. This month took cold, resulting in an attack of inflammation of the uterus.

Patient is very sallow, has bad taste in the mornings, breath bad. Eyesight weak, suffers from indigestion, but not so much from constipation. Easily exhausted.

This is the third attack of inflammation of the womb. Has been curetted, bringing away much pus. Since then has suffered constantly from slight pains in the back. Also has slight prolapse of the left ovary.

Any injury is quickly followed by suppuration. Had an abscess in the left ear some two weeks ago.

Sleeps well. Appetite not very good. Craves substances such as magnesia. Hair is coming out and getting worse all the time.

Circulation is badly deranged. Back, buttocks, legs to the feet are cold, even when the patient is perspiring.

Oregon.. E. L. C., M. D.

ANSWER:—This patient should have systematic rest, and the most digestible and nourishing food, plenty of fresh air, and some recreation. Vary the diet as much as possible, of course, consulting the stomach's known digestive capacity.

Medicinally, we would suggest half-teaspoonful doses of syrup hypophos. comp. half-hour before meals, and the following after meals:

℞ Ext. Hydrastis Can. Fl.....1 ounce.
Aletris Cordial Rio.....7 ounces.

M. Sig.: Teaspoonful three times daily after meals.

Apply to the os uteri every other night a tampon of antiseptic cotton saturated with Kennedy's pure dark pinus canadensis, full strength, remove in the morning, and use hot douche in which a teaspoonful of borax has been dissolved. —ED.

Dysuria.

QUESTION:—Young man, single, aged thirty, is troubled with an embarrassment of the urinary tract. When in the act of urinating, no matter how full the bladder, the presence of another person will prevent the urine from flowing. Instead, a partial erection occurs and another attempt must be made in privacy, when it generally passes off without further difficulty.

The patient often experiences much trouble and inconvenience when in crowds and public toilets through this peculiarity.

This man is well educated, of strong sexual passion and good will-power, but subject to annoying erections which prevent him from mingling freely with others in various sports, such as bathing, which require disrobing.

Penis is undersized. History of self-abuse to a considerable extent, from which he shows

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no ill-effects, however. This I attribute to the use of sanmetto.

Urinary tract is clear. No stricture. Can you tell me the cause and suggest treatment; also treatment for undeveloped penis?

New York. D. C. K., M. D.

ANSWER:—The embarrassment in micturition seems to be of nervous origin. We would suggest that you add twenty or thirty drops of the specific gelsemium to an eight-ounce bottle of neurilla, and give a teaspoonful three or four times a day. Hot sitz baths should also be used. He should never wait until the bladder is full before urinating, and should set about the act deliberately, never straining or making any effort.

We know of no remedy equal to sanmetto to promote the development of the sexual organs. It is of necessity slow in its action. It increases the nutrition of the parts, and a good deal of *rest* is essential to its action. If you can make the young man see it this way the results will be better.—ED.

Ovaritis.

QUESTION:—Please give treatment for acute and chronic ovaritis.

W. W. APPLEWHITE, M. D.

Bassfield, Miss.

ANSWER:—We do not see many genuine cases of acute ovaritis. It does sometimes occur as a result of child-birth, gonorrheal infection, or in the course of acute infectious diseases.

The treatment consists in putting the patient to bed, and keeping her absolutely quiet. It is a good plan to elevate the hips by placing a small pillow under the small of the back, and also to raise the foot of the bed a little. Applications of iodine alternated with antiphlogistine should be made to the abdomen over the diseased ovary, but no intra-vaginal treatment should be employed other than anodyne suppositories, until the acute stage passes. The aromatic spirits of ammonia is a good preparation to use during this period of waiting, and other stimulants as indicated.

In the chronic form of this disease, applications of iodine may be made to the vault of the vagina as well as externally, alternating with tampons saturated with boro-glyceride to reduce the congestion. The galvanic current is invaluable in these cases. The sitz bath is also of use. Do not overlook the value of the morning dose of saline—phosphate of soda, epsom salts or rochelle salts. Personally, in these cases, we prefer the good old sulphate of magnesia.

In the chronic form of this disease a tonic containing Fowler's solution, and the bitter wine of iron, acts very nicely. For its special action on the uterus and appendages, aletris cordial rio has no equal. Rest must be taken systematically, and massage takes the place of active exercise.—ED.

Spermatorrhea.

QUESTION:—Please give treatment for a case of seminal losses with the urine with diminution of power.

Arizona. E. A. B., M. D.

ANSWER:—There is probably a congested and weakened state of the prostate. Ascertain by rectal examination. Ergotole in ten-drop doses is sometimes efficacious. It can be used hypodermically if the stomach balks. Rectal suppositories containing iodoform, boracic or tannic acids, depending upon the degree and character of the congestion, are useful in some cases. Keep the bowels soluble by means of saline laxatives, and follow up your treatment with a tonic course of strychnine—Sharp & Dohme's one one-hundredth grain pellets, one three times daily. If much run down, Fellows' syr. hypophosphites will give better results. —ED.

Sexual Debility.

QUESTION:—Man, aged forty-three, is troubled with sexual weakness as a result of early indiscretions. At twenty-five epileptic attacks occurred, lasting eight years, with spontaneous cure. Has been free from them for the past ten years, but the weakness of sexual organs persists. Erections feeble, with premature ejaculation.

General health bad. Very nervous, indigestion, little appetite, nausea, headache and dizzy spells, muscular twitching of the limbs and face. Intellect clear, but memory impaired. When greatly exhausted sometimes has night emissions, followed by painful micturition.

Please give treatment for this case and greatly oblige.

New York. P. P. S., M. D.

ANSWER:—In treating this case, we suggest that you turn your attention to building up the system by improving nutrition

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and regulating innervation. Regulate the man's diet, habits and thoughts as far as possible. The good influence of elevating thoughts and hygienic habits on the character of the blood and secretions, their tonic effect on the nerve centers, does not receive the consideration it should.

℞ Tinct. Hyoscyami .....2 drachms.
Tinct. Podophylli .....5 drachms.
Seng....q. s. ad.....4 ounces.

M. Sig.: Half a teaspoonful three times daily after meals.

Also give two to five-drop doses of tincture macrotys three or four times a day.

These doses are figured on the strength of Lloyd's preparations. If the ordinary preparations of commerce are used the dose must be increased proportionately.

Do not forget to keep the bowels well flushed out with salines, and insist upon moderate daily outdoor exercise. Constant agreeable occupation for the mind is important. A vacant mind is almost sure to fall back upon some of the lower propensities and instincts.—ED.

Morphine Habit.

QUESTION:—Mrs. I., aged forty, of stout build, has been addicted to the morphine habit for the last twenty years. During a portion of the time took fifteen grains at once, but has reduced the quantity to six grains. She is very anxious to give it up.

Now, I wish to know what I can give her as a home-cure treatment. Anything practical along that line from the numerous BRIEF family will be thankfully received.

Toronto, Can. A. NOXON, M. D.

ANSWER:—Give your patient eight grains of the chloride of ammonia with a tablespoonful of celerina each three or four hours. You can also use with profit small doses of quinine and minute ones of strychnine and atropine, repeated as indications require, to keep off sinking sensations and collapse.

Feed generously and intelligently, bearing in mind at once the need of nourishment and the enfeebled, chaotic state of the digestive organs after the drug is withdrawn. The peptenzyme tablets of Reed & Carnrick are useful in this connection.

Keep the bowels well flushed out with salines, and the liver active. Wyeth's granular, effervescing phosphate of soda is a particularly nice preparation.

Hot and cold baths, especially the shower and the douche, and massage, are of value in alleviating the tortured state of the nerves.

Moral support, exhorting the patient to fortitude and a wise sympathy, has its place and use.

Cut down the morphine as fast as possible. Do not let the patient know when the last dose has been taken.—ED.

Sexual Debility.

QUESTION:—Man, aged thirty-seven, married, father of several hea'thy children. Has practiced self-abuse and gone to excess in sexual matters. Now complains of impaired power of erection and premature ejaculation.

Patient is a large, heavy man, general health good and all functions normal. Penis comparatively small. His occupation requires him to take considerable exercise in the open air. Has never had any venereal disease. Is very anxious to be restored to sexual health. Please give me some help in this case, and oblige.

Mich. T. R., M. D.

ANSWER:—This man should give his sexual nature a complete rest. We recommend that you prescribe for him a drachm of sanmetto three times daily half an hour before meals. Also a drachm of neurilla three times daily midway between meals, the last dose being taken at bedtime. It will be necessary for him to take the sanmetto for some time, but after the first bottle of neurilla has been taken up, discontinue that medicine and give instead a week's course of strychnine.—ED.

Mark on the Lip.

QUESTION:—What would you advise me to do in the following case?

A baby, now six months old, has a slight reddish mark on the upper lip, noticed when a month old. It is not a birth-mark and am inclined to think it must have been caused by the scrape of a pin. When out for a time in the cold it assumes a blue appearance. I have tried several applications of iodine, but without any result.

Ireland. D. J. H., M. D.

ANSWER:—When you say it is not a birth-mark, do you mean it has not the character of a birth-mark, or that it was not present at birth?

A number of months is a long time for the scratch of a pin to persist. Is it not possible that this red mark is the faint

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indication of what might have been a harelip?

We suggest that you apply a drop or two or boro-glycerine morning and night and wait. Would not use any caustics or other severe measures. If it is fed by a capillary growth it will have to be treated by electrolysis later on.—ED.

Bunions.

QUESTION:—I have a patient whose occupation compels him to do a great deal of walking and who is tortured with bunions. Is there any hope of permanent relief for him? Has tried all sorts of palliatives.

Ill. H. S., M. D.

ANSWER:—Tell him to wear Dr. Reed's Cushion Shoe habitually, and his troubles in the foot line will come to an end. Nothing so comfortable and hygienic in footwear was ever invented.—ED.

Hemiplegia.

QUESTION:—In 1900, the patient, a woman then nearing her forty-second birthday, on attempting to get out of bed one morning, fell to the floor and shortly realized that her left side was useless. A few days before she had taken a long ride on horseback, the horse she used having a bad reputation as a pitcher. As she had for several years suffered from insufficiency of the aortic valves, the diagnosis of cerebral embolism was made by the attending physician, although later another medical man said he thought it was thrombosis.

After several months she was able to get about with the aid of a stick, although her left ankle has always remained weak and her left arm and hand are still useless. Can you suggest any remedy that will so affect the nerve centers that the remaining paralysis will be overcome? One physician expresses the opinion that when the menopause is established the paralysis will disappear.

New Mexico. M. E. H., M. D.

ANSWER:—We recommend that you give the patient ten grains of the chloride of ammonia with a drachm of celerina three times daily. We also advise the use of warm baths, massage and a mild faradic current. The diet should be nourishing and easily digested, the bowels be kept open and gentle exercise in the open air taken regularly. The morning sun is good for such patients if they are careful to avoid getting overheated or fatigued. In fact, moderation must be the key-note of their lives.—ED.

MODERN OPHTHALMOLOGY.—A Practical Treatise on the Anatomy, Physiology, and Diseases of the Eye, by James Moores Ball, M. D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With Four Hundred and Seventeen Illustrations in the text, and numerous figures on Twenty-one Colored Plates, nearly all original. Philadelphia: F. A. Davis Co., Publishers. Price, Extra Cloth, $7.00; Half Morocco, $8.50.

In announcing this work we take pleasure in calling your attention to the half-tone portrait of the author among the frontispieces of this issue of the BRIEF, and also an article from his pen written expressly for the BRIEF. The author's personal experience as a teacher of ophthalmology fully fits him for the purpose of writing on his favorite theme for the teaching of student, general practitioner, and specialist. It is a complete text-book, and covers the ground fully up to the latest advances in ophthalmic science and practice. We wish to call the attention of our friends particularly to the fact that the general practitioner must have such a work for the practical ideas it contains to aid him in his practice. It matters not what work you may have on the eye, add this one to your library, and you will have cause to thank us for the suggestion.

THE SELF-CURE OF CONSUMPTION WITHOUT MEDICINE. With a Chapter on the Prevention of Consumption and Other Diseases. By Chas. H. Stanley Davis, M. D., Ph. D., Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children; Author of "The Training and Education of Feeble-Minded, Imbecile and Idiotic Children," Etc. New York: E. B. Treat & Co. Price, 75 cents.

The object of this book is to show how consumption from its beginning to its last stage, before actual decay of the lungs takes place, can be cured in a majority of cases without medicine. It is well worth the reading.

A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA. By George Whitfield Overall, A. B., M. D., formerly Professor of Physiology in the Memphis Hospital Medical College. Chicago: Rowe Publishing Company.

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BATTLE & CO., Chemists,
ST. LOUIS:

Have used Ecthol on a bad case of follicular tonsillitis, with a complete cure in twelve hours; this is remarkable and am very much pleased with it. At present am using it on a leg ulcer with remarkable results, and I can heartily recommend it to the profession.

R. B. HAMMOND, M. D.

Chicago, Ill.

BATTLE & CO., Chemists,
ST. LOUIS:

In my few years of practice I entertained a strong prejudice against opiates, especially morphine, which I have not entirely lost. Not that I would undervalue the great service it has rendered to sick and suffering humanity, but the discomforts and evils which too often follow, caused me to search for an agent which, possessing all the good qualities of opium, would at the same time not induce the unpleasant results that occur to the latter. Lately my attention was called to Papine, of which I have used freely, and in many cases has proven satisfactory. While my experience with this medicament has not been so extensive as with other opiates, I can assert with positiveness that so far, both upon myself and others, it has not disappointed me in a single instance; it relieves and sustains the system under disease with no unpleasant after-effects.

CHESTER D. BARNES, M. D.

Warrenville, Ill.

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William Edward Fitch, M.D.

Ex-A. A. Surgeon; U. S. M. H. S. Surgeon to Bethesda Orphanage; Editor Southern Medicine; Member N. C. State Medical Society, American Medical Editors' Association, etc. Savannah, Ga.

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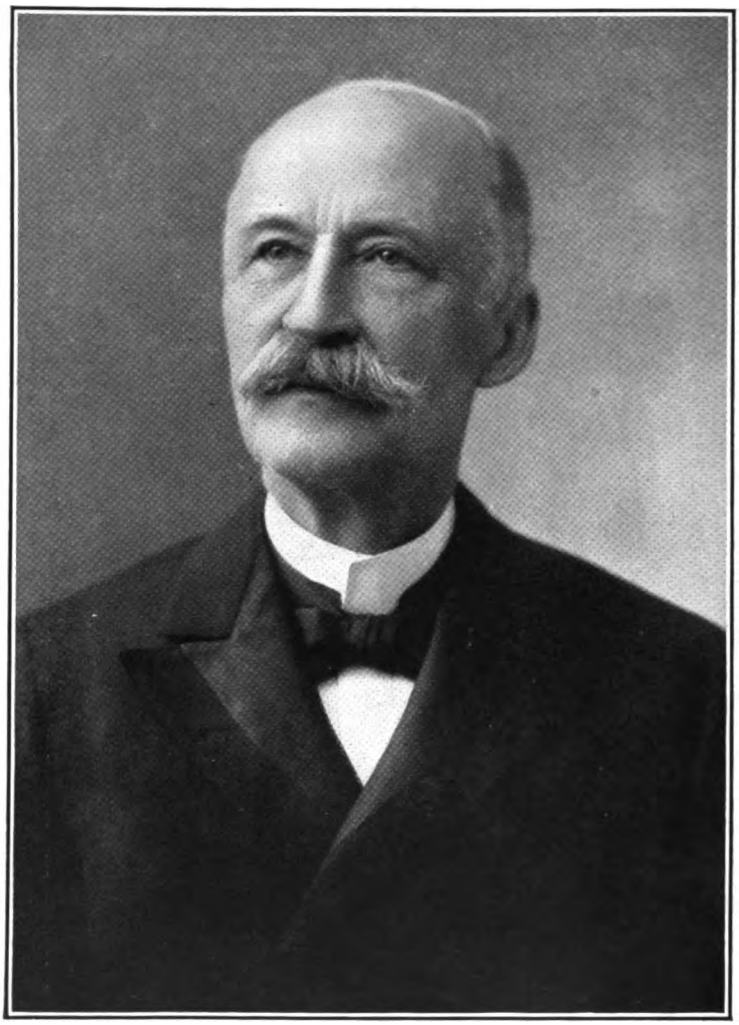

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THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.
Editor and Proprietor

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Editorial.

Independent Thinkers.

Young doctors, especially, should be taught to be independent thinkers. Let them form the habit of investigating all statements, refusing to be impressed by the personality or position of those who make them. It is safe to say that any man who wants to force you to accept his dictum has some personal motive. He is not the genuine man of science. Listen, observe, reflect, but do not be bossed. Such an independent course will lead to success in medicine as in everything else.

Do not get mad with those who do not think as you do in medicine, politics, or anything else. Go you and do likewise. Differ like gentlemen, and make what profit you can out of the difference.

Medicine would have progressed twice as fast but for the obstructions raised by would-be leaders, keeping down the spirit of investigation. Hence fad follows fad.

Pay no attention to self-elected leaders. Be straightforward and honest. Do what you think is best, and leave the consequences to take care of themselves. Do not worry if some one jumps on you and abuses you. The MEDICAL BRIEF has made thousands of warm friends just because it will not be bossed.

Whenever people want to boss you, emulate the example of the old quaker—talk out in meeting.

One great bugbear in the profession we want to call special attention to, and that is the practice observed by some of calling all who do not agree with them unscientific. That man only is scientific who gets at the facts and draws logical deductions from them. He is not unscientific merely because he cannot believe some prevailing hobby.

When somebody tries to control you, remember that Grover Cleveland is the only Democratic President elected since the war, and that he was elected because of his habit of speaking out in meeting. Down in his heart every man admires one who is bold enough to have an opinion of his own, and to express it.

We have no right to abuse our neighbor for expressing and acting on an opinion

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we do not share. We have no right to think less of a man who differs from us. It is the only way we can make progress. Examine all sides of a question, and if you want to change your opinion, say so frankly. No man is above making mistakes. The medical profession is a broad-minded, educated body of men capable of the liberality, fairness and tolerance necessary to make it scientific in the true sense of the term. If we can eliminate the personalities, the narrowness, the despotic and tyrannical methods of would-be leaders, it will become a justly honored body of men.

Whenever you see one man abusing another, it goes without saying he has some axe to grind. The MEDICAL BRIEF says what it thinks, and wants to see other journals and doctors do the same. Because a man is opposed to you in his views does not give you the right to abuse him. He may be right and you wrong. Think what you please—it is your right—but for the sake of your self-respect and the profession you love, let the other man do the same.

The Editor of the BRIEF well remembers the time when the doctor who did not carry a lancet and bleed in fevers was ostracized. The profession has advanced somewhat since that day, but even at the present time if you do not accept the prevailing fad you will be ostracised in certain quarters. Yet because a man believes a thing is no sign it is true.

The MEDICAL BRIEF has received thousands of letters from doctors saying that, while the writers do not agree with our ideas in all respects, they have been made better doctors and surgeons by having the other side presented to them, and hence stimulated to consider the subject in a different light.

Imagine the political condition of man if none dared to think contrary to a dominant party. Think of the absolute control the machine would have. We well know the condition at which the Church had arrived in the days of the Inquisition.

When any political party, medical society or Church proposes to take steps which seem wrong to you, get up and speak out in meeting, but never descend to personalities.

The Slocum Boat Horror.

America is following the lead of Germany in clamoring for laws to prevent evils and abuses. Not that the people want any more laws, but the politicians favor them, and agitate for them, because they create offices, strengthen the machine, and open the way for graft.

The recent terrible disaster, in which the New York excursion steamer, General Slocum, was burned to the water's edge, with over a thousand people on board, nearly all of whom lost their lives, throws a lurid light on the inadequacy of laws to protect people.

There is a law requiring a rigid inspection of the sea-worthiness of all boats and their equipment for just such emergencies. The Slocum had been recently inspected by the official paid for the purpose, and pronounced in good condition. Those who went out on her that fatal day were depending on worthless government inspection for their lives. When the test came, the life preservers were found to be rotten, the fire hose burst, none of the life-saving appliances were in working order.

All these fool laws are equally unsatisfactory. They are not always followed by such a horrible illustration of their inefficiency, but always the same conditions exist—a people relying on law for protection and a man paid to inspect, who performs the duties of his office in a perfunctory manner, perhaps closes his eyes to a questionable state of affairs.

Blackmail is the universal result of fool laws.

If we had no boat inspection, the individual would take a little thought for his life, and would look into things a little closer. Self-reliance, the habit of thinking and acting for one's self is the only real protection a man can have. We shall continue to have dreadful accidents as long as people persist in taking it for granted things must be all right because government officials have said so.

The pure food laws passed by some of the States resulted in nothing but blackmail. Prohibition never prohibited, and inspection does not inspect. We do not need any more laws, but a better enforcement of those we have. The provisions of the common law are ample to cover all

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cases of fraud and criminal aggression. If we keep on passing laws to create offices and furnish inspectors, after awhile we shall have no one to pay the taxes.

If Congresses and Legislatures would adjourn for twenty years, society would fare better. We have too much red tape now, and the clogging of our legal machinery is a standing reproach to justice.

New York has more fool laws than any other city in the Union, because it contains so many foreigners. People from continental Europe are used to being trodden on and bowing down to authority. They look to the law and the government to do everything for them, and can not understand or sympathize with the self-reliance and manly assertion of the individual's rights inherent in every American. On the continent every suspected person is regarded as guilty until he can prove his innocence. Strong men are not made by such a system as this.

The MEDICAL BRIEF is unalterably opposed to all special laws. The doctor ought to throw his influence against them. They are opposed to progress. They keep the individual from thinking and trying to help himself. In some of the Eastern States of America there is practically no such thing as the rights of the individual. When a man does not exercise the rights and powers of a man, he reverts to the animal plus the vices of civilization, and becomes a source of danger to the nation.

An Axe to Grind.

All intelligent persons are entitled to freely discuss any question, to differ frankly with others, and to advocate the principles in which they believe, but when they descend to personalities, when they seek to attack an individual under the sheltering plea of working for humanity, we always know they have an axe to grind.

If, for instance, we see a journalist abusing the products of some particular firm, we naturally look to see if the advertisement of that firm appears in the journal. If not, we know at once what the trouble is.

This kind of pressure is the equivalent of blackmail. No self-respecting man will submit to it for one moment. The man who is afraid of blackmail is a coward, and deserves all he gets. No reputable journal wants a man to advertise in it unless he sees fit to do so.

The man who tries to prejudice public sentiment, and then uses it as a club to make profit out of another man, is pretty low down in the scale of humanity. When we read causeless abuse of persons or products of repute and standing, the first thing to do is to investigate the motives of the writer. We shall surely find a nigger in that wood-pile.

Talk about working for the benefit of the profession or of humanity is pure bosh. Every good worker indirectly accomplishes something for humanity and his own particular department, but he does not deafen us with shouting the fact. When a man begins to profess a great deal, we feel certain that he has an ulterior purpose. Shakespeare says: "Methinks this woman doth protest too much." It is a little way the hypocrite has.

When any man goes out of his way to attack some particular person, firm or product, we can feel certain that he is actuated by self-interest, by jealousy or revenge. The nigger is there, and the initiated will discount every word he utters.

The Teaching of Nature's Laws.

Many people fail to take into consideration the fact that a natural law is no respecter of persons. If he observes a particular law of Nature he will receive the benefit of that law; if he breaks it he will suffer the penalty.

For illustration: Here are Mr. Jones and Mr. Smith. Mr. Jones has succeeded in business, and accumulated a fortune. Mr. Jones is a hard, unsocial man, not much liked by the community. Mr. Smith has gone to the wall, but he is a whole-souled, genial fellow, of good moral habits, and has the sympathy of all. People wonder and speculate over the success of Mr. Jones and the failure of Mr. Smith. They say that Mr. Smith is the more deserving of the two.

But that is not the point. If Mr. Jones made but five dollars a day, he took particular care not to spend more than four.

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Consequently he was bound to accumulate money. Mr. Smith, on the other hand, was a free spender. If he made five dollars a day, he would not hesitate to spend six. Such a financial policy must inevitably eventuate in bankruptcy. The magnetism of a lovable nature can not change the operation of a natural law. The sphere of the sympathies is not the sphere of law. A man's morality will not pay his debts. It can not pass current as judgment.

Mr. Jones may neglect his health, he may swear, drink, and boast, but so long as he spends less than he earns, he will continue to accumulate money.

Mr. Smith has no vices; he observes the laws of health. He has his reward in kind. He enjoys a good character and excellent heath. He can never succeed financially unless he observes the fundamental principle of spending less than he makes.

If people would only understand once for all that a law of Nature is not to be evaded or juggled with, that each one of us must choose between the reward or the penalty, that we must suffer the one or pay the price of the other, the business of living would be greatly simplified. Theology has helped to close our eyes to the inevitable and universal application of Nature's laws by offering us a vicarious atonement on one hand, and a special Providence on the other. It has required thousands and thousands of terrible disasters and accidents, and the experience of ages, to arouse mankind to the inexorable nature of God's laws, and even to-day the majority of people put their heads in the sand, idly wondering at results instead of recognizing the law involved.

The worst effects of this stupidity are seen in the moral realm. A man will procrastinate or lie, abuse or slander his neighbor, etc., without taking into consideration the fact that he is weakening his *own* character, inflaming his *own* mind, injuring the composition of his *own* blood, awakening the antagonism of all just and fair-minded persons, in many ways lessening his capacity for usefulness and enjoyment.

The man who tries to find out Nature's unchanging laws, and obeys them, gets the most and the best out of life. If the young could be taught to appreciate the inseparable relation of cause and effect from the start, the progress of civilization would be incalculably advanced.

Health Cooks.

There is rising upon the horizon to-day a new profession for women, and one which promises to be well-compensated—that of health cooks.

The pressure of civilization—the exacting demands of modern business conditions—make such draughts on vitality that nutrition must suffer unless dietetics and the culinary art can be brought to such perfection that less effort is required to digest and assimilate food.

Sanitariums and health resorts generally have taught the people who flock thither to recuperate, the benefits of health cooking, and these people have, in turn, gone out and played the part of missionaries to other sufferers from digestive woes.

As a consequence, quite a demand has sprung up for cooks who have a knowledge of dietetics, and understand the preparation of easily digested dishes. The supply, on the other hand, is quite inadequate, and any woman possessing some intelligence and education, who desires to turn her attention to health cooking, is certain of steady employment at a fair remuneration.

Health cooking ranks as a profession, not as manual labor, and a woman who possesses knowledge and skill in this line can and should make conditions which will place her above the necessity of scullery work. She should stipulate for a sufficient salary to enable her to have an assistant to do the menial labor involved. Or, if preferred, the employer may furnish the necessary unskilled labor.

This is a natural, healthful and congenial occupation for a woman—one for which age will not unfit her, and should she leave it at any time to marry, her husband and children will be immense gainers by her experience.

As to the influence of the health cook over civilization, it is far-reaching and universal. Soldiers fight on their stomachs. A good digestion means energy, grasp, concentration, clear memory, stay-

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ing power. A little poem went the rounds of the press some years ago to the effect that "man might live without love, art or books, but civilized man can not live without cooks." A greater truth was never spoken. All hats off to the new woman—the health cook.

Stop and Think.

If you step into a store to make a purchase and the proprietor takes the occasion to talk about his competitor across the street, running down his stock and methods, what do you think? Is he talking simply for your benefit, or is he merely voicing the natural jealousy of a competitor?

When you hear the lawyer on one side of a case abusing the lawyer on the other side, do you think he is talking for the good of humanity, or that he has adopted this line because his case is weak?

When you read an article in one medical journal showering abuse of a personal nature on the editor of another, saying that he is this, that or the other, and that his journal is not a good journal, what do you think?

Go Slow.

Doctors should go slow in making an unfavorable prognosis. A great deal of unhappiness is caused in this way, and often the patient surprises the doctor and himself by living on for years and enjoying a fair measure of health.

We have a friend, hale and hearty, who, twenty years ago, consulted a physician for some trifling disorder, and was told that he had angina pectoris, and might die in an attack at any time. Naturally this news alarmed him, and to a certain extent has clouded his life, though, like a brave man, he has struggled against it.

The writer knows of another case, a prominent lawyer, and a man of good constitution and heredity, who, on being told that he had incipient paresis, a disease progressive and incurable, promptly shot himself.

We do not know enough to warrant us in making an unfavorable prognosis. There is no sense in making people unhappy, anyhow. Give them all the good advice about caring for their health that you wish, but do not frighten them with a gloomy prognosis that the outcome often fails to justify.

A man should die as he is born, unconsciously; hope is his birthright, and he should live in its sunshine until the great change comes.

The doctor can do his utmost for his patients without throwing a cloud across the future. Keep your doubts to yourself. Give Nature a fair chance. Some people are born happy, like the Editor, and nothing can make them otherwise. The optimistic temperament can and will laugh in the face of all discouragement. But many have sensibilities which are easily chilled, and bad news gives them a shock from which they find it difficult to rally. Do not do it, Doctor. It seldom, if ever, serves any good end.

You Must See for Yourself.

It would be a pleasure to write about our great World's Fair if it were possible to give any true conception of its wonders and beauties. It is really indescribable. Nowhere, at any time, has there been an Exposition approaching it in scope or quality. It is only after the visitor has spent several weeks viewing the exhibits in the various departments that the vastness and grandeur of the whole scheme begins to dawn on him. The mental chaos produced by so many new sights and impressions is succeeded by clearer insight and a better grasp of what civilization means to us—the promise it holds out.

When you are tired of sight-seeing, sit down in the beautiful Plaza St. Louis, and let your senses be soothed by the sight of green sward, variegated flowers, smooth-flowing waters, fountains playing, beautiful, dream-like palaces, ornate yet chastely elegant. Drink in the spectacle, and feel your mind enlarge, your spirit exalted. The prophetic instinct is moved to declare the final abrogation of poverty, the victory over disease, beauty and comfort brought within the reach of every man, woman and child through the natural development of the powers of man.

There is more to interest the doctor in this great Exposition than any other class of men. His patrons are drawn from all ranks of life, and whatever enables him to understand them better is of prac-

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tical value. He gets glimpses of the occupations of many in the Palace of Manufactures. Some of the triumphs of hygiene are illustrated here and in the Liberal Arts building.

Medical science is particularly well represented at the Fair. In the building devoted to education and social economy, the doctor will find much that is instructive as well as interesting. In the Liberal Arts, considerable space is devoted to medicinal agents, showing a progress and perfection in the manufacture of medicines which thrills the doctor's heart with pride in his profession.

Allen & Hanburys, who appear to have solved the problem of infant feeding, have a handsome display in the British section. Our friend, Marks, maker of artificial limbs, also has a fine exhibit. In Electricity building, the doctor will find a great variety of electrical machines, and get many pointers in electro-therapeutics. An instrument used for treating deafness is worth investigating.

Many doctors are interested in agriculture, and must see the exhibits in Government building, Agricultural and Horticultural buildings, and the section devoted to soils, in education and Social Economy.

The Filipinos are, for the most part, bright and promising material for United States citizens. In four months residence many of them have picked up a speaking acquaintance with English, and manifest a flattering partiality for Americans and their ways. The Philippine village is one of the most interesting exhibits on the grounds.

The Fine Arts palace, the foreign pavilions, the State houses, are filled with objects of beauty. It requires at least sixty days to do full justice to this great Exposition. The thought is forced upon the visitor how small this world really is, how alike human nature, whatever the color of the skin, or the shape of the feature, how absurd intolerance and cruelty are, how logically war is working towards its own abolition, how inevitably, if far off, is coming the day when love shall fulfil the law.

The educational effects of such a Fair as this can not be computed. The new ideas called into being can not be reckoned. Careers will be insensibly shaped and altered by its influences. A month in St. Louis now is worth six at any institution of learning. This is the most favorable time of the year to visit the Fair. Do not miss it on any account.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, the good old summer time will soon be a thing of the past, and the first chilly touch of fall will bring its own crop of trouble. Hay fever, dysentery, typhoid and remittent fever will furnish most of our cases from now on until the respiratory organs begin to make work for the doctor.

Strychnine is an important summer remedy, and the man who knows just how to give it, can get a good deal done with this one drug. Take a person who is weak, disgusted at the smell or sight of food, vomiting bile, bowels running off, pulse weak. Give him one-sixtieth to one-thirtieth grain of strychnine sulphate two, three or four times a day, and in twenty-four to thirty-six hours you will have the symptoms under control, appetite and strength return, and your man is able to go about his business.

In cases where there is much abdominal congestion, and a septic state of the digestive organs, a round of calomel, followed by a saline, is indicated also.

September furnishes a class of cases which have no actual symptoms of disease, but complain of lack of energy and appetite, the back is weak, functions all sluggish for want of innervation. Quinine acts fine in these cases. Give a two-grain pill three times a day, or you can give the whole six grains at bed-time with better results in some instances. These patients pick right up, and many a threatening fever is aborted.

Say, boys, do not forget that a good dose of epsom salts, taken at once, will cut short an attack of dysentery. Also bear in mind that an iron tonic acts mighty nice sometimes when these diarrheal troubles seem inclined to become chronic.

Small doses of podophyllin act fine in the diarrhea of malnutrition. I often use

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small doses of the tincture with seng to increase assimilation in poorly-nourished babies. Get elegant results. Phosphate of soda is a good remedy for ricketty children. Put a little in their milk.

Neurilla is the very best remedy I ever tried for hot weather nerves. It helps you to sleep and to keep a grip on yourself. You can safely give it to anybody—fractious baby and tired mother. It has no effect beyond the quieting one on the nerves. I call it my peace-maker.

Say, give iodide of arsenic, very small doses, a trial in fatty degeneration of the heart; you'll be pleased, I'm sure.

People who have heart trouble should eat little salt or other condiments. Also be careful how you purge patients with heart trouble. Don't use drastic medicines, and don't let them become constipated. A clyster is useful.

Say, boys, don't forget to carry nitrite of amyl pearls about you. They are mighty handy in angina pectoris, spasmodic croup, asthma, convulsions, etc.

A first-class local application in scrofulous enlargement of the tonsils is a solution of ammonium iodide, thirty grains to the ounce of glycerine. Keep tightly stoppered, and apply once a day with swab.

Belladonna has a value in neuralgic persons who perspire easily.

Say, did you ever try alum salt for canker sores of the mouth? One application is usually enough. It makes a good solution for sponging in night sweats.

When the teeth of nursing women decay rapidly, put them on hypophosphites.

Say, in headache due to eye-strain, give equal parts of tincture nux vomica and cannabis indica, fifteen drops in water, two or three times a day.

Bovinine is all right, and I want to say right here that these prepared foods have helped me out of many a hole. When the doctor is at his wits' end, and medicines seem to do no good, these foods are worth a gold mine.

I see that strychnine injections, one per day for ten or fifteen days, repeated at intervals three or four times a year, are recommended for glaucoma. Have any of the BRIEF family tried this?

Small doses of chionia act fine in constipated little ones, where the cause is insufficient secretion from the intestinal glands, the stools being very dry.

Say, boys, equal parts of aqua ammonia and spirits of camphor dabbed on sensitive spots will give quick relief. These are common about the face and head, particularly in women at the change of life, or during the monthly flow.

Boys, as a purge for the parturient woman, nothing equals good old-fashioned castor oil, with a pinch of soda bicarbonate added to the dose. It undoubtedly makes labor easier. Let the woman eat a couple of strong peppermint drops to benumb taste, then take the oil in a little warm milk, and follow with a couple more peppermints. She'll hardly taste the stuff at all.

Say, in acute rectal catarrh, with mucous discharges and tenesmus, a solution of chlorate of potash, twenty grains to the ounce, injected into the rectum, will make a quick cure. Three or four ounces is enough for one injection, and it should be retained for fifteen minutes or so. If there are piles, add a few drops of papine to the solution.

Well, so long, boys, the old man is going to take in that big Fair on the Pike in St. Louis before we meet again.

[Written for the MEDICAL BRIEF.]

Drug Action.

BY B. P. WILSON, M. D.,
Reddick, Fla

Physicians have long felt the need of a remedy possessing the desirable properties of morphia, but free from the disagreeable effects of that drug. From reading the claims made for heroin, one might be led to conclude that heroin was the remedy we had so long been in quest of. But it is seldom that any new remedy proves to possess all the good qualities claimed for it, and heroin is no exception to the general rule.

While it has some advantages over the morphin salts, it has also its disadvantages, and while it is a remedy of decided merit, it is one the physician should use with caution until familiar with its effects. The claim is made for heroin that it is a respiratory stimulant, and that under its influence the respirations become slower but deeper. On the contrary,

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I regard it as a depressant of the respiratory centers, and as in one instance where I saw it used in a case of pneumonia, of a primarily strong, healthy man, aged thirty, while the respirations were reduced from thirty-four to twenty per minute, the patient showed all the effects of decreased oxidation of the blood. I think it slows the respiratory movements by acting as a paralyzant of the respiratory centers.

The claim that it acts as a heart stimulant is also not true, if my observations have been correct, as in the case of the respiratory apparatus it acts as a heart depressant. In these views I do not think I can be mistaken after constant use of the drug for the past three years in my practice.

Hence, I do not regard heroin as a safe or valuable remedy in inflammatory affections of the lung or pleura, and think it inferior to the salts of morphia when an opiate is indicated in these affections. In asthmatic troubles I was also disappointed in its effects, especially in the so-called cases of "cardiac asthma." In such cases I have found the patient did better on morphia than while using heroin.

From reading some of the literature sent out broadcast among members of our profession, one might be led to conclude that here was one preparation of opium that can be used continuously for a considerable length of time without danger of forming a drug habit. But common sense should teach doctors that any opiate that affects the human system as profoundly as does heroin is not possessed of any such virtue, and in one case I have seen a man of fifty as much a slave to the use of heroin as one could be to any form of opium. He began by using four or five one-twelfth grain tablets daily, and in one year was using one ounce of heroin hydrochlorate per month hypodermically, and finally used from twenty-five to thirty grains per diem, but now has reduced the amount to about eight grains per diem. Except as to its effects on the heart, it does not seem to render the victim as miserable as does morphine. It is equally as constipating, but does not seriously affect the appetite and digestion. The skin retains its normal appearance, and the eyes do not show the effects of the drug as where morphine is used. However, the effects on the mind, the reasoning powers, memory, etc., are fully equal to those of morphine, and the habitue is more inclined to sleep; in fact, one would hardly be suspected of being a slave to any drug if it were not on account of his inability to keep awake when sitting down, etc.

In the case referred to, since trying to use the drug the man is unable to sleep at night on either side, and has to lie on his back with his head and shoulders raised on two large pillows, in order to be able to sleep at all. He has some dropsical symptoms. His heart is considerably affected, it seems, from these symptoms, though I have not examined him.

In general practice, in the ordinary cases where we usually need to administer an opiate for the relief of pain, heroin has some advantages over morphia, if the hydrochlorate is used and it is to be preferred in all cases. It is extremely soluble, and more quickly prepared for hypodermic use. It seems to take effect in a shorter space of time, and does not nauseate as does morphine. Further, its effects as a sleep producer are much more certain than is the case with morphia. The dose to begin with should not exceed one-twelfth or one-sixteenth grain. The duration of its effects are about the same as that of morphia.

In conclusion, while heroin is to be regarded as a valuable addition to the physician's armamentarium, it is a drug to be used with caution, and should be considered equally as dangerous as any other of its class, so far as drug addiction is concerned. In conversation with the physician to a sanitarium for treatment of drug habitues, it seems a few "heroinists" have presented themselves already for treatment.

Drug habits seem to be claiming more and more of our people every day, and while doctors are not responsible to the extent they are accused of being, each one should hereafter make sure that he adds no recruits to the ranks of this, the most unfortunate of all classes of our people, and a class who, regardless of statements to the contrary, crave freedom as no others do, as is attested by what tortures they have suffered in the so-called sanitariums in hope of relief from their bonds.

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THE MEDICAL BRIEF

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[Written for the MEDICAL BRIEF.]

The Treatment of Fracture of the Base of the Skull.

BY ARCHIBALD YOUNG, B. SC., M. B., C. M.,

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In a recent paper upon the "Diagnosis of Fracture of the Base of the Skull,"* I endeavored to deal, in more or less detailed fashion, with the special signs and symptoms of such injuries, and laid some stress upon several points in diagnosis which are, as I think, not sufficiently considered.

My special object was to make clear the advisability—indeed, the necessity—of having regard to even the most trivial details, of carefully noting and weighing every sign, however slight, or apparently unimportant, and, from the earliest possible moment in the history of a given case, trying to formulate, from a full consideration of the ascertainable facts, the most reliable and rational diagnosis.

Only in such a way can the most appropriate treatment be early initiated.

Of course, it must be admitted that in not a few instances little or no special treatment may be called for. This does not, however, make any the less essential the obtaining of a reliable conception of every case, for, as often as not, it happens that it is just in those cases where diagnosis is difficult or complex that special treatment is called for, and sometimes urgently, even suddenly.

Further, in considering the question of diagnosis, it will be remembered, no attempt was made to include a survey of those possible complicating factors of concussion, brain laceration, or compression by bone or blood, while the possibility of intra-cranial infection was only incidentally glanced at.

While this was inevitable in a paper of limited scope, and dealing so largely with the differential diagnosis of fracture of the special cranial fossæ, it is necessary, in considering the question of treatment, to take the larger view, for just as the occurrence of any one of these complications would in varying measure affect the clinical picture, so also would it influence, perhaps most materially, the course of treatment.

Let me emphasize, at the very outset, the advisability of taking a serious, though not necessarily a grave, view of all cases of possible cranial injury.

The responsibility of the physician or surgeon in charge of such a case is no light one.

It will happen often enough, perhaps, that the adoption of such an attitude will be apparently discounted by an unbroken

*MEDICAL BRIEF, July, 1904.

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and uneventful course towards recovery, and both the patient and his friends may ascribe to the medical man an undue caution. This may well be accepted by the physician without any undue regret. It can not much harm him or his professional reputation. On the other hand, let him make light of the injury, or let him fail to adequately warn the patient or his friends of the possibility of serious results, let him sanction, actively or passively, the taking of premature or undue liberties on the part of the patient, and he may rest assured that the whole weight of the blame for any untoward result will most surely fall upon him. One unfortunate experience of this sort will go further to mar his professional reputation than a whole succession of instances of over-caution on his part can possibly accomplish.

It is not at the beginning only, or for the first few days, that the medical man will do well to exercise, and to enjoin, caution, and a careful watchfulness. These must be his watchword all through.

Remember that some of the most certain signs of fracture of the base may become manifest only after the expiry of some considerable time.

I have a very vivid recollection, for example, of a man who received an injury which, by himself and his friends, was regarded as comparatively trifling, but where the surgeon in charge, for various reasons, suspected that fracture of the middle fossa of the skull had taken place. For a time, however, the diagnosis was not clearly established, the man felt quite well, his friends and he himself maintained that there could be nothing wrong, and they unitedly demanded his discharge from hospital. To this the surgeon gave the most decided opposition, and, in fact, the patient was retained for two weeks practically a prisoner against his will.

During this period he was carefully watched and cared for, and at the end of this time the sudden escape of a large quantity of cerebro-spinal fluid from one ear—a flow which for some days thereafter was not a little alarming—and the development of a degree of facial paralysis, established the justice and correctness of the tentative diagnosis. Both the patient and his friends admitted with thankfulness the wisdom of the surgeon in charge.

It is safe to say that had they had their way, and the patient had been allowed to get up and go out, even against the advice of the surgeon, they would have taken no part of the blame for any unfortunate result, but would have unhesitatingly ascribed the whole blame to the surgeon in charge, who had allowed them to overrule his own better judgment.

Another point well worthy of insistence upon is the advisability of having all cases of possible fracture of the base, as, indeed all cases of cranial or cerebral injury—carefully and intelligently nursed.

And by this I do not mean simply that the patient should be put into the care of a nurse, who will look after his bodily wants, feed him, soothe him, attend to his bodily comfort, his clothing, his bedding, and so forth.

More than this is necessary. *His nurse must be able to watch him intelligently, be prepared for all possible eventualities, and be qualified to appreciate any new symptoms which may develop.* For this it is by no means a *sine qua non* that the nurse be a fully trained graduate of the hospital. Such no doubt is desirable, where possible, but if the friends of the patient are of good intelligence, and moderately well educated, they may supply from amongst them the necessary nursing aid. A little careful tuition from the physician, who should give them full directions as to what symptoms to be on the look out for, and what steps to take in the event of any new developments, will be all that is necessary.

Further, even in the case of the trained nurse it is not well for the medical man to assume that all is right. The trained nurse does not always know her business, and is often enough not at all alive to the importance of noting minutely and frequently all the symptoms in a case. She, even as the unskilled nurse—aye, even as the medical man—may neglect the most important symptoms, or only notice them when too late, or she may, by a period, perhaps of days, of uninterrupted calm, be so lulled into an attitude of diminished watchfulness, that she is unprepared for any new development, and fails

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to observe the change, when alone it may be of practical or therapeutic value.

I have seen a nurse—fully trained she was supposed to be—in charge of a comatose patient, who, on the visit of the surgeon, informed him that there had been no change of special note in the patient's condition, and yet, when the surgeon proceeded, for himself, to examine the case, he found that the patient's condition had altogether altered for the worse. The pupils, which on his previous visit had been medium and reaching fairly well to light, were found to be now widely dilated and fixed. Nor was it possible to say whether the change in this respect had taken place a few minutes or several hours before.

Such an occurrence is most regrettable, and yet it is, I fear, by no means an unique one. *Therefore, let me say, as it is the duty of the medical man in charge of the case to exercise the most unremitting care and watchfulness, so also is it incumbent upon him to see that all those who, acting under him, and according to his directions, are in any responsible way connected with the case, realize fully their individual responsibilities, and know what points they should specially observe.*

During his absence, anything of note should be carefully observed, and methodically recorded, so that an intelligent and useful report may be ready for his perusal when he next visits the patient.

Let him assume nothing, let him carefully instruct the nurse what points she is specially to observe—the occurrence of twitchings or convulsions, localized or general, alterations in the patient's mental condition, lapses into coma or semi-coma, difficulties or alterations in breathing, changes in the pulse, the occurrence of vomiting, the onset of paralysis, the part, or limb, or group of muscles first affected, or regularly involved in spasm, or paralysis, the condition of the pupils, their size, their equality or otherwise, their response to light, and accommodation, the development of any squint, the appearance of any blood from nose or ear, or from the throat, the escape of any serous discharge from the nose or ear, and so on.

Everything is important, and no laxity on the part of the nurse, once she has been so instructed, can fairly lead the medical man to reproach himself afterwards, as he will assuredly do if he simply assumes that the nurse knows, or should know, her business, and something serious occurs which she failed to notice early, or to report in time.

To consider the question of treatment in more detail it will be well to divide it into three parts:

1. *The immediate measures to be taken.*
2. *General measures.*
3. *Special measures.*

I. *The immediate measures* called for comprise:

(a) The putting of the patient to bed with as little delay and disturbance as possible.

(b) The preliminary examination of the patient, and—

(c) The routine treatment generally called for in the way of stopping nasal or aural hemorrhage, and of sterilizing, so far as possible, any possible avenues of intra-cranial infection.

(a) It is, of course, obvious that any undue shaking up of the patient, undue movement of his body or head, jarring of the spine, or even the placing of his head in an awkward or too dependent position, may deleteriously affect his prospects of recovery. *The utmost care should, therefore, be taken to prevent rude or awkward handling, any necessary movements should be carefully and gently made, and the head should be slightly raised upon a pillow, not allowed to hang low.*

(b) *The examination should be rapid, but careful and searching.* It is hardly necessary to do more than detail the special points which should be attended to. The survey should embrace a close scrutiny of the nose, external ears, the membrana tympani, the pharynx, the pupils, the movements of the eyes, the contour of the face, the presence of any paralysis of cranial or spinal nerves, and so on. In the case of bleeding from the nose, note the quantity and color of the blood, whether it comes from one or both nostrils, and whether it is not merely due to fracture of nasal bones.

Note the presence of any blood or clot about the external ear, or in the canal,

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observe its color and quantity, and satisfy yourself that it is not simply coming from cuts or abrasions of the auricle or external auditory canal.

Dry out the external ear, and examine the membrana tympani carefully. Note any rupture and any blood issuing from it. If no rupture is visible, see if you can observe any undue bulging of the membrane, or discoloration of it, from contained blood.

If there be a serous discharge from nose or ear, examine it, and see if it corresponds in nature to that of cerebrospinal fluid (the chemical composition of which was mentioned in my last paper).

Examine the posterior pharyngeal wall for any laceration of the mucous lining, for the presence of blood trickling down from a tear in the roof, or from the orifices of the eustachian tubes.

Note the presence of any pupillary symptoms or paralysis of ocular muscles, also any circumorbital, palpebral, or subconjunctival ecchymosis.

All these points are of importance, but equally is it necessary to note the presence of any of the well-recognized symptoms of concussion, brain laceration, or compression, or of any accompanying fracture of the cranial vault.

Concussion will be indicated, in its varying degrees, by collapse (anything from simple faintness or giddiness to the most profound shock), *complete or incomplete loss of consciousness, feeble pulse and breathing, and more or less complete muscular relaxation. If there is marked concussion, the pupils will be widely dilated and equal; if they are unequal in this stage, then you may be pretty sure that you have not to deal with uncomplicated concussion, but that there is either some accompanying compression or local injury about the base to the third nerve on either side.*

If there is, at the very outset, distinct evidence of brain compression, then, in all probability this is due to displaced bone, therefore fracture of vault or base may be pretty safely diagnosed. The pulse will probably in such a case be distinctly more measured, and even abnormally slow. There will be at once, or very soon, irritative signs related to pressure upon cortical motor centers, or upon cranial nerves, followed at an early period by corresponding paralytic signs.

Where the signs of compression are not evident at first, but develop later, the probability is that they are due to extravasated blood, not to displaced bone.

It is an essential part of the rational treatment of fracture of the base of the skull, to take note at the very outset of any evidences of concussion, or of compression, as, if marked, they form important complications, and, much more urgently than the mere fracture, call for special treatment.

The presence of any accompanying fracture of the cranial vault will serve, it may be, to indicate the fossa in the base which is fractured, for, as was stated in the previous paper, where fracture of base and vault co-exist, the part of the vault affected usually corresponds with the fossa fractured at the base.

(c) Neither nasal nor aural hemorrhage is usually so severe or persistent as to call for special measures in checking. If bleeding be, however, alarming, the best method of local treatment is that of plugging nostrils or external and middle ears with aseptic wool or gauze. Styptic applications are not likely to be of very special value, as the source of the blood is intra-cranial, and so hard of access. Before such plugging is carried out, however, the nostrils and nasal cavities, or the external auditory meatus should be, as far as possible, sterilized.

In the case of the nose, this can only partially be accomplished, but it is well, in any case, to swab out the nostrils with pledgets of wool, or gauze soaked in corrosive sublimate solution (one five-hundredth), solution of carbolic acid (one-fortieth), or in solution of potassium permanganate.

The external auditory meatus may be more satisfactorily treated by instillation of solution of carbolic acid (one-twentieth), allowing this to remain in for a few minutes, then drying out, dropping in a little absolute alcohol, leaving it *in situ* for five minutes, again drying out the whole cavity, so far as accessible, and filling it with an antiseptic powder, such as iodoform and boracic acid (one part iodoform to four of boracic acid), and packing it lightly with sterile gauze.

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If, in the case of a fracture of the anterior fossa, extending into the nose, or frontal sinuses, there be already a catarrhal or suppurative affection, possible intra-cranial infection must be all the more actively combated by free antiseptic irrigation of the nasal cavities, or, later, by opening up, disinfecting and ablating the frontal sinuses.

If fracture of the middle fossa occurs in a patient already suffering from an otorrhea, either acute or chronic, it is all the more necessary to take special pains to sterilize the external meatus and canal, and the cavity of the middle ear and antrum, as thoroughly as possible.

The directions given above for the routine treatment of the external and middle ear are, in such a case, to be followed out with all care.

In such a case it is bad practice to introduce any fluid—antiseptic or otherwise—by means of a syringe. Indeed, it may be said that in no case is it safe to syringe out an ear where the tympanic membrane is torn or wanting. There is no control over the fluid so introduced—always, be it remembered, with a certain degree of force.

Particularly dangerous is it where the middle ear, mastoid antrum, and cells, are the seat of a suppurative process. *There is great risk of septic matter being forced onwards, through the internal ear, or through a fissure in the tympanic or antral roof, into the cranial cavity, thereby infecting the meninges, brain substance, or cranial sinuses.*

In all cases turn the head to the side, and gently drop the fluid in, allow it so to remain for the desired space of time, dry out again, and introduce the antiseptic powder and gauze packing.

Remember always that where a fracture of the base of the skull opens into the nose, the pharynx, or ear, it is necessarily a compound fracture, and it is just as important to take all possible steps to sterilize the parts in such a case as in that of a compound fracture of a long bone of the extremities; indeed it is probably much more important, as you have not merely to fear the dangers of local and systemic infection, so well recognized in any compound fracture, but also those of suppurative meningitis, abscess, or thrombosis of an important cranial sinus.

It is all the more to be regretted, therefore, that the anatomical relations of the injured parts in fracture of the base of the skull not infrequently interfere with the achievement of such thorough disinfection as can usually be attained in compound fractures elsewhere.

In so far as disinfection can be carried out, however, it is your duty to strive after its attainment from the very outset, and to the best of your ability.

II. *The general measures include all the routine procedure which is recognized as proper in the treatment of head injuries.*

After the preliminary examination already described, the patient should be as little as possible disturbed. *He should be kept quiet, and at rest,* preferably *in a darkened room, and should be isolated* from anxious friends, and all disturbing influences.

Free purgation is advantageous, and is probably best effected by the use of calomel (four to five grains), placed on the back of the tongue, supplemented, after some hours, if patient is sufficiently conscious to swallow, by a saline draught. *If the large bowel is overloaded, a large enema of soap and water, or an emulsified oil, soap and water enema, will be useful to clear out the rectum and lower bowel. If the patient can not swallow,* or simply vomits any ordinary medicine, *one or two drops of croton oil, placed on the back of the tongue, will usually prove effective.* As a practical point, however, it should be noted that at times croton oil in the usual dose seems to be ineffective. Whether this is due to deterioration of, or essential weakness in, the specimen of oil employed, is not always clear. In any case, if such failure occur, do not persist with the same material. Change your supply, and give the minimum dose of an entirely new specimen of oil.

If there are evidences of collapse, it is necessary to *stimulate* the patient, by warmth, friction of limbs, hot saline enemata, intra-cellular or intra-venous saline injections, hypodermic injections of strychnin, digitalin, and so on. *In no case administer alcohol as a stimulant. It tends to cause cerebral irritation, and,*

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in particular, it is very liable *to induce grave cerebral or meningeal edema*, or lead to sudden and rapid intra-cranial bleeding, if there is much laceration of brain, or actual rupture of any considerable vessel.

The patient's diet should be of the lightest nature, and should consist, for some days at least, of milk, milk and soda, peptonized milk, and the like. Later, it may be cautiously augmented, but for a considerable period should consist largely of milk.

The excretions should be carefully attended to, the urine drawn off, if it cannot be voluntarily passed, at stated intervals. The skin should be regularly bathed, and any tendency to chafing or formation of bed-sores vigorously counteracted.

Cold applications to the head may be found agreeable to the patient, often relieve headache, and generally tend to check delirium or restlessness. For their proper application, the head may require to be shaved, and, as will be seen under the next section (3. Special measures), the shaving of the head is of service for other reasons also.

As was pointed out in the introductory part of this paper, the patient must be constantly and carefully watched and nursed, and any new developments noted as soon as possible.

Lastly, where you have satisfied yourself definitely of the fact that there has been actual fracture of the base of the skull, *advise, in the strongest possible manner, that the patient should rest for a prolonged period, that he should not attempt to curtail the period of convalescence, but that, for a considerable period, even after he seems completely restored to health, he should abstain from all worry, from the hurry-scurry of his ordinary business, and from any special physical or mental exertion.* The unfortunate "late effects" which one occasionally meets in cases of concussion, are not infrequently due to the premature attempt of the patient to resume his ordinary work in life, or to carry out some too engrossing mental task.

3. *Under the heading of Special Measures might, perhaps, have been included those routine measures in the way of disinfecting the ear and nasal passages, to which already reference has been made in Section* 1 (*Immediate Measures*), but as they ought to be carried out at the earliest stage possible, and practically in every case, it was thought better to emphasize their importance by early reference to them.

If, in spite of all your efforts to prevent intra-cranial infection, symptoms indicative of such a complication present themselves, they should be actively, and without any delay, combated. Thus it may be necessary to lay open a suppurating frontal sinus, to open up a mastoid process, and explore the cranial fossæ. This should be attended to as early as practicable. Even an infective basal meningitis may remain localized, and not lead to general involvement, if the necessary operative measures are unhesitatingly carried out in the early stage, while, if delay occurs, it is usually too late to do any good.

As a general rule you will find it advisable to suggest the shaving of the patient's head at an early stage. In those cases, where the patient seems, to himself or to his friends, not much injured, objection will, no doubt, at times be made, but seldom will such objection be pushed very far, if the medical man takes them sufficiently into his confidence. In the graver cases there will be no opposition to such a course, and it should therefore be followed out at once. It has already been said that cold applications to the scalp are likely to be much more effective if the head has been shaved. That might, in itself, warrant the proceeding, but it is for much more cogent reasons that I urge its early execution.

The presence or development of any localized bruising, edema, hematoma, depressions, or irregularities, of the bony contour can much more readily be observed, and diagnosis is thereby facilitated.

Further, in the event of operative treatment being called for at any time—and it may be suddenly demanded—much valuable time is saved by having the scalp already shaved, and, to some extent, prepared for aseptic operation.

It has already been said that if symptoms of intra-cranial compression present

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themselves early in a case, they are probably due to displaced or depressed bone, and must be at once remedied, if practicable, by operative means.

Equally, it is necessary to take steps without delay to relieve intra-cranial compression, due to blood extravasation. This comes on at a later stage, as a rule, unless some large vessel be torn, or much brain lacerated.

If, at any stage, a diagnosis of intra-cranial hemorrhage be made, and there are no evidences to suggest another situation, operate first of all by exposing the middle meningeal artery (main trunk or anterior branch); if this fail, but there is clear evidence of intra-cranial tension, *try the posterior branch; if still there is no blood found, or insufficient to account for the symptoms, investigate the condition of the vessel upon the other side.*

In deciding the spot to trephine over, the onset and order of convulsions or paralysis, and the contraction or dilatation of the pupil (same side as lesion) are of chief service.

Finally, if there be a co-existent fracture of the vault, it must be actively treated on the usual lines, and with due regard to the whole bearing of the case.

* * * * * * *

It will be seen from what has been said that the treatment of fracture of the base of the skull is largely that of head injuries generally, having due regard to the possible complicating factors, such as concussion, intra-cranial hemorrhage and compression, brain laceration, and intra-cranial sepsis.

These factors are undoubtedly of prime importance, and must never be lost sight of.

If I were asked to recapitulate shortly the essential points to keep in view, I should say:

1. *Make an early, searching, but rapid examination. Get an early diagnostic grip of the case.*

2. *Keep the case closely under your own observation.*

3. *Instruct the nurse in charge, carefuly and fully, in all the possible eventualities or developments.*

4. *Counteract, in the most rigorous manner, any risks of intra-cranial infection; do not forget you are dealing in most cases with a compound fracture.*

5. *Regard no such injury as trivial, either in the early or in the later stages.*

6. *Enjoin strict quiet, isolation, and prolonged physical and mental rest.*

7. *If operative treatment is at any stage required, let it be at once carried out. Delay is often disastrous, and is seldom excusable on any grounds.*

[Written for the MEDICAL BRIEF.]

On Tobacco Amblyopia.

BY H. WRIGHT THOMSON, M. D.,

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Tobacco amblyopia, or amaurosis, occurs much more frequently than is perhaps generally realized by the profession. It is a very common thing for a patient to ask his doctor if smoking is doing his eyes any harm, but what he is usually thinking of is the mere local irritating effect of the smoke when in contact with the eye, and not any remote effects due to the absorption of poisonous matters into his system. Moreover, smoking is so nearly a universal habit among men, and there are so many other possible causes of failing sight, that unless signs of special significance can be recognized, there is a natural hesitancy on the part of both doctor and patient to point to smoking as the cause of the trouble in any given case.

Gravely disappointed will the man be who, in response to medical exhortation, has gone through the ordeal of sudden abstinence from smoking, yet finds his condition in no way improved. His disappointment may develop into something different if he subsequently discovers that tobacco had nothing whatever to do with his ailment.

There are, however, signs by which amblyopia, due to excessive smoking, may be recognized almost with certainty, and it is because of the existence of these, and in the hope that some help may be afforded to the readers of the MEDICAL BRIEF in discovering them, that this paper is written.

Tobacco amblyopia is only one of quite a large group of toxic amblyopias, but it

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is the commonest and best known of them. They are all, as the name implies, the result of poisonous doses of certain substances, and the poisonous substances are indicated by their respective names. Thus we have tobacco amblyopia, alcohol amblyopia, quinine amblyopia, Felix Mas amblyopia, iodoform amblyopia, lead amblyopia, and several others, of which a few cases have been from time to time reported.

In quinine amblyopia we have a striking sequence of events. A person is undergoing treatment with quinine, he suddenly becomes blind, with probably other symptoms well known as indicative of cinchonism. The quinine at once suggests itself as the cause of the blindness, and its withdrawal is soon followed by recovery of vision. That is a case of acute poisoning, but in most of the toxic amblyopias, and notably tobacco poisoning, we have to deal with chronic poisoning. The onset of the symptoms is inert, insidious, and it is very rarely, indeed, that the patient associates his visual difficulties with their real cause. He probably feels otherwise perfectly well and fit, and yet there soon comes a time when his sight is so bad that he has to give up his work.

Now he is in a serious plight, he worries and frets, and is most likely to resort to tobacco for consolation, and so a vicious circle is established. Curiously enough, it is the experience of most ophthalmic surgeons that in spite of the gradual onset of the symptoms, the condition is usually well established, and the vision very defective before the patient seeks medical aid. His condition is then usually somewhat as follows:

A man of about forty years of age, of healthy appearance, presents himself with the story that for a month or two his sight has been steadily getting bad. At first it came and went a little, but latterly it has been pretty steadily bad. He has had no pain about the eyes; they have never been red or inflamed, and he can think of no cause for his condition. In reply to special inquiry, he says that he finds bright sunlight very trying, as everything seems to dazzle, but on a dull day, or in the twilight, his sight is at its best.

Further, he describes the dimness of sight as being due to a mist over everything. It is just as though he was looking through a fine gauze veil. He can not see to read even the largest print, and he can not recognize his friends' faces unless he gets very close up to them. There is no darkness before his sight; it is just that everything is enveloped in a mist which he feels he ought to be able to tear away. Then, if the case be a very marked one, he may tell of certain difficulties with color. He finds that everybody looks very pale and ghastly, and instead of the fire in the grate looking red and glowing, it is pale white in color.

Also, if he happens to be a worker in metals, he may have found great difficulty in distinguishing brass and gold from other metals, owing to glittering and dazzling. This is a sign of some value, and in this country quite frequently one is told of half-sovereigns being given away for sixpences, the two coins being the same in size.

If to complete such a history one was told of excessive smoking, the presumption would be very strong that we were dealing with a case of tobacco amblyopia, and the examination of the patient would be directed accordingly. Firstly, with regard to the visual acuity, this will be tested both for distant objects, and for reading near at hand. With an ordinary test card, placed twenty feet away from the patient, it will likely be found that he can make out only the largest letters; he will have, in fact, a sixth to a tenth of normal vision. Now, a person with such a degree of distant visual acuity will usually be found to be able, with his presbyopic glasses on, to read fairly small print, if he gets it close enough to his eyes. But when the toxic amblyopia is tried with the near test types, it will be found that he can make out only very large print, such print, indeed, as is never found in ordinary books. There is, in short, a deterioration in his vision for small near objects, out of all proportion to the diminution in his vision for large distant objects. This is an important diagnostic point, and accounts for the fact that many patients first notice their defect on trying to read.

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Further, under the belief that it is merely the result of failing eyesight, owing to aging, they decide to rest the eyes as much as possible, and delay seeking help until they are alarmed at their difficulty for distant objects. The explanation of the disproportion is found on mapping out the field of vision by means of the perimeter. Such an instrument enables the mapping out to be done with some degree of exactitude, but for ordinary purposes the field of vision may be roughly tested in the following way: Having covered one eye of the patient, place him with his back to the light, then direct him to look straight into your own eye, which you have arranged to have on the same level as his, and about two feet distant from it. If it is the patient's right eye, he will look into your left eye. Now, when you look accurately into each other's pupils, that means that a line drawn from his macula, or central retinal spot to yours would pass through his pupil and yours. But with the peripheral parts of the retina each can see the surrounding objects, and if his field of vision is normal in extent, he should see as far in all directions "with the tail of his eye" as you can.

This is determined by moving a small object—say a finger—in a vertical plane half way between the two eyes. Beginning with it out of sight, it is gradually brought nearer the direct visual line (passing from macula to macula), and he should see it just at the same time as you do.

This proceeding can be carried out in any number of meridians, and so the patient's field of vision compared with your own, which is presumed to be normal. Now it will be found that in the patient with toxic amblyopia, the field of vision is of normal extent peripherally, not only for white but for all the different colors.

Of course in this connection it must be remembered that the field for white is larger than those for colors. Blue has the next largest field, then red, and green has the smallest of all. All these fields then are found to be uncontracted peripherally. But now the central part of the field of vision is to be tested—that part or area which is perceived by the central or macular part of the retina.

With a normal eye the color of even a very minute object can be best told when the object is in the direct line of vision. Try the toxic amblyopia in this way, and you will find that while he unhesitatingly names a white object or a blue one, or even a yellow one, when you place before the eye a small red or green object, say about five square millimeters in size, he can not tell you what color it is. Now, move the object a little away from the direct line of vision, and he at once names the color correctly. What does this mean? It means that in the field of vision there is a blot right in the middle, the very part which, under normal circumstances, is the most acutely sensitive, a blot within the limits of which vision is very defective, and color blind as far as red and green are concerned. Such a blot is called scotoma, and in reference to its position and nature it is termed a central scotoma for red and green.

It must be understood, however, that while within the area of the scotoma color vision is demonstrably defective, form vision is also defective, although this is more difficult to demonstrate so strikingly.

In tobacco amblyopia, then, the amblyopia or blindness is not distributed over the whole field of vision, but is only found in a small area in the center. It is this central position of the defect which accounts for the relatively greater difficulty in reading small print. Small objects form small images on the retina, and to see them distinctly they must be cast on the macula. Large objects cast large objects, and so they may be perceived by less sensitive parts of the retina. In other words, they may be recognized by using peripheral parts of the retina, and every now and again one comes across a patient who has realized this, and who has found that whereas when he looks straight at a small object it is indistinct, if he turns his head or eyes a little to one side, he sees it much more clearly.

To recapitulate, the symptoms of tobacco amblyopia are as follows: dimness of vision like a mist, least marked in dull light; relatively greater difficulty for near than for distant vision; a central scotoma for red and green. No peripheral contraction of the fields of vision.

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So far we have been speaking only of subjective symptoms, and it must be confessed that of objective signs we have few to offer. The external appearance of the eyes is normal, and nothing remarkable is to be observed in connection with the pupillary action. Examination with the ophthalmoscope does not yield very much help. In a well-marked case of some standing, there is usually seen distinct pallor of the temporal half of the optic disc, and this same area may be shelved or cupped. The pallor and shelving is indicative of wasting of part of the optic nerve, but it requires a good deal of ophthalmoscopic experience to enable one to distinguish it from some of the many appearances of the disc which are physiological. In the earlier stages the fundus appearances may be quite normal, or at most a hyperemia of the disc observable.

This brings us to the consideration of the actual lesion in tobacco amblyopia, a matter concerning which there has been at different times a good deal of controversy. It can easily be understood how remote the chance is of securing an autopsy in an uncomplicated case of tobacco amblyopia. No such examination has ever been made, and so we have to be content with analogy. The condition which has been most fruitful of opportunities for investigation is diabetes.

In diabetes there occurs an amblyopia, which symptomatically is practically indistinguishable from tobacco amblyopia. Repeated examinations have been made of eyes and optic nerves in such cases, and the lesion found in all has been a central or axial optic neuritis. The fibers of the optic nerve are arranged in a definite manner, and there has been traced from the optic tract down the nerve a group or bundle of fibers which has been called the macular bundle, and which is concerned only with the macular region of the retina, and the area between the macula and the optic disc. In the more proximal part of the optic nerve this bundle occupies the center or axis of the trunk, but by the time the nerve has pierced the sclerotic, the macular bundle has changed its position so as to occupy the outer or temporal side of the optic disc. Hence, if this bundle should atrophy the ophthalmoscopic indication thereof will be pallor and shelving of the same area. And such an appearance we have seen to be characteristic of well-marked cases of tobacco amblyopia.

The theory which has probably most adherents is that in tobacco amblyopia there is set up in the macular bundle of each optic nerve a low form of interstitial neuritis, which by pressure on the nerve fibers interferes with their function, and that in the later or cicatricial stage this pressure and interference is intensified and confirmed, the fibers becoming atrophied. Such a theory certainly is consistent with the ophthalmoscopic appearances, but it is difficult to reconcile it with the complete recovery, which almost invariably results from treatment.

A more probable explanation is that which was put forward by Maitland Ramsay, namely that in a case which recovers there has never been more than a mere vaso-motor dilatation of the vessels of the nerve, with slight exudation, all capable of complete disappearance, and that where there occurs a real interstitial inflammation with consequent atrophy of the nerve fibers, recovery does not take place.

In any case it seems tolerably certain that in tobacco amblyopia we have an affection, probably inflammatory in nature, of the papillo-macular or axial bundle of the optic nerve. It is always a bilateral affection, and both eyes are usually equally and synchronously affected.

We have now to consider the differential diagnosis. It has already been stated that this disease is only one of a group of toxic amblyopias, most of which are characterized by central amblyopia, difficult of distinction one from the other. There are differences, but their detection implies the use of the perimeter. In some, a peripheral contraction of the field of vision is sometimes found. In others, the difference lies in the shape of the color scotoma, the typical tobacco scotoma being oval in shape, with its long axis horizontal, and including both the normal blind spot and the central point of the field of vision. But speaking generally it may be said that the history of the case is a sufficient guide to the diagnosis, so far as toxic agents are concerned. Given a case of central amblyopia of chronic development in a smoker, the chances are

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strongly in favor of its being due to tobacco, but such causes as lead—in a painter or plumber; carbon bisulphide—in a worker in india rubber; iodoform—in a surgical patient; or diabetes; or Felix Mas, etc., will all be eliminated by special inquiry.

Alcohol also as a cause must be considered, but it has been a question of no little debate whether alcohol alone is capable of causing toxic amblyopia. Certainly I personally have never seen an unmixed case of alcohol amblyopia, and have always found reason to think of it as a contributary influence, and not the principal cause.

Regarding the differential diagnosis from retrobulbar neuritis there is comparatively little difficulty, as a rule. True there is in this condition a central scotoma, but the affection is often monocular; it is always of rapid development, and is not infrequently associated with retrobulbar pain, or at least tenderness on pressing the eyeball gently back into the orbit. Primary atrophy of the macular bundle is a rare complication of certain spinal cord diseases, and still more rarely it is found in young adults as an hereditary disease, but these only require to be mentioned here.

The diagnosis then from other central amblyopia depends largely on the history of abuse of tobacco, or, in other words, excessive smoking. This naturally evokes the question, what is excessive smoking, and are all kinds of smoking liable to cause toxic amblyopia? The second question is the more easily answered. All kinds of smoking are not equally likely to affect the optic nerves. Thus, cigarette smoking, however baneful its results otherwise may be, rarely, if ever, causes amblyopia. Cigars have occasionally been blamed as a cause. It is smoking strong, dark tobaccos in a pipe which is preeminently the form most liable to cause tobacco amblyopia. Various chemical and other theories have, from time to time, been advanced to account for this, but it can not be said that the matter has been settled.

In this country it is usually what is called thick black roll tobacco which the patients have been in the habit of smoking, and the amount indulged in varies from two ounces per week to an ounce per day. Two ounces of strong tobacco per week is fairly heavy smoking, but there are few regular pipe smokers who would regard such an allowance as excessive. Yet every now and again a case of undoubted tobacco amblyopia turns up in which such had been the amount consumed per week, and in which recovery follows its reduction. In most cases, however, the consumption has been heavier, and four ounces per week may be given as a fair average in toxic cases. Such a variation in dose at once suggests that other factors must play a part in the causation, besides the mere amount of tobacco consumed.

First of all there is the personal equation. It is well known that there are some people who can never become heavy smokers, simply because whenever they attempt to go beyond a certain amount they become sick. The sickness is to be regarded as indicative of acute poisoning, and what is true of acute poisoning is likely to be true of chronic poisoning. Again, a man's ability to stand smoking varies according to habitual indulgence at any time. The more he smokes the more he can smoke without becoming sick. Then, again, if he is out of sorts he can not stand so much as when he is in good form. These are all familiar observations regarding ordinary tobacco sickness, and they are applicable in the case of tobacco amblyopia.

The toxic dose of tobacco can not be definitely stated. It is not so much a question of how much a man has smoked as how much he can stand. What is one man's pleasure is another man's poison. It is most important to remember the general condition of the patient, and more particularly the tone of the nervous system.

In quite a large proportion of cases it will be found that the onset of symptoms has followed on a period of mental strain, during which, perhaps, feeding has been imperfectly attended to. For example, a man will say that just before his eyes turned bad he had nursed his wife through a long illness, and been exceedingly anxious about her, or another will tell of financial difficulties. They will also usually admit that their digestive organs

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have gone out of order, and that they are conscious of having become irritable in temper, and unable to sleep well at night. These are the sort of stories one gets in cases where the consumption of tobacco has not been immoderate, judged by ordinary standards. The toxic effects have not been due so much to excessive dosage as to the lowered vitality, and consequently greater vulnerability of the subject. There are cases, however, in which no such predisposing influences can be found to have existed, but in these the indulgence has usually been frankly excessive.

It is very likely that tobacco amblyopia is a local expression of the presence in the blood in excess of some toxic substance, which is elaborated as a result of smoking, and which under ordinary circumstances is eliminated by the emunctory organs sufficiently quickly to prevent its doing any apparent harm.

The prognosis is good, provided the patient can be got to modify his habits. Total abstinence from smoking is certainly desirable, but recovery does ensue in many cases where only modification has been practised. The time taken to recover varies from six weeks to three months. In judging of the probability of complete recovery to normal vision, regard must be had to the duration of the condition and the intensity of the scotoma. A duration of more than four or five months from the time of onset warrants a cautious prognosis. So also does a scotoma, which is so intense or absolute that when the patient looks at a surface he is conscious of a dark or blind area in the middle of it. This is called a positive scotoma in contradistinction to the usual negative scotoma, of which the patient is quite unaware until it is specially tested for.

With regard to treatment, abstinence from smoking is the chief element in it, but elimination may be promoted in the earlier stages by the exhibition of alkaline diuretics and occasional active diaphoretics. In the later stages of the treatment, improvement may be hurried by such nervine tonics as nux vomica, and a case which is hanging fire is often set agoing by a sojourn at the sea coast, or still better, by a sea voyage. Great difficulty is often experienced in getting the patient to stop his smoking; it is a severe task requiring a strong will on the part of the patient, and calling for considerable tact and patience on the part of the physician. Once, however, improvement manifests itself, matters become more easy.

Relapses and recurrences are not common, but recovery from them is not likely to be complete.

[Written for the MEDICAL BRIEF.]

The Function of the Fallopian Tubes in the Phenomena of Menstruation.

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"Each of the fallopian tubes opens into the peritoneal cavity, about one inch from the corresponding ovary; at its opening—the fimbriated extremity—having irregular processes, one of which is attached to the ovary." The tube, in length, is about three and one-half inches; in size, about as large as a crow's quill; its lumen, about as large as an ordinary large darning needle, and lined with a ciliated epithelium; the opening at the uterine end is extremely small. The chief structure in the walls of the oviduct, that are of special interest, from a physiologic standpoint, are the double layer of plain muscle, an outer and an inner layer; the inner layer is composed of longitudinal muscular fibers, and the outer of circular muscular fibers. The mucous membrane of the tube, from the uterine end to the fimbria, is lined with ciliated epithelium, which is possessed of a wave-like motion from the fimbriated end towards the uterus. The primary function of the fallopian tube is, therefore, to carry ova from the ovary to the uterus; their secondary function is to carry spermatozoon in the reverse direction, and within them union of the ova and the spermatozoon usually takes place.[1]

The mechanism of the receipt of the ova by the oviducts is not very clearly

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understood. After ovulation the ova is slightly adherent to the surface of the ovary by the agency of the viscid liquor folliculi. It is possible, though not proven, that in the human being, as has been noted by some observers in animals, the expanded fimbriated extremity of the fallopian tube clasps the ovary when the ova is discharged. The passage of the ovum into the tube is in all probability assisted by the ciliated epithelium lining the lumen of the tube. Once within the tube, the ciliary action, together with the muscular contractions of the walls of the tubes, carries the ovum slowly and finally into the uterus. The time of its passage in woman is usually from four to eight days. In some animals the passage occupies only three to five days.[2]

If the ovum, on reaching the uterus, has been fructified by union with the spermatozoon, the uterus at once plays the hostess, and provides suitable accommodation for the product of conception, and at once offers nutriment for the embryo. If, on the other hand, the ovum is unimpregnated it finds no lodgement, and Nature allows it to pass on through the uterus into the vagina, and, in the healthy woman menstruation follows. The most obvious, external fact of this phenomena is the discharge of a bloody secretion, every lunar month; with this bloody discharge there occurs simultaneously a degeneration and disappearance of a portion of the uterine mucosa. This curious process, though having analogies in the lower animals, occurs most markedly in the human female, and from time immemorial to the present, among both primitive and civilized races, its physiological significance has been a debated question.[3]

Detailed clinical knowledge concerning this physiological process is not as clearly understood as it should be, for experimentation is out of the question, and opportunities for the study, *post-mortem*, of healthy normal uteri during the different stages of the monthly periods are exceedingly rare.

Prior to the appearance of the menses, the mucous membranes of the body of the uterus begin to thicken from engorgement. The cause of this swelling is not clearly understood, but, as it continues, there occurs an infiltration of blood corpuscles and plasma. Probably by diapedisis the epithelium is thus pressed up from beneath, and gradually degenerates and ultimately disappears with the menstrual flow.[1]

The "rut" of domestic animals is an analogous function to that of menstruation in the human female. This function in woman is similar to the "moulting" in birds, the shedding of hair and horns by the deer. Dr. J. Riddle Golf says: (*Southern Practitioner*): "All the processes of life go in circles, determined more or less completely by environment. All quadrupeds, as well as bipeds, experience a physiological function similar to menstruation, yet the discharge is not seen externally in all of them, which may be explained by the upright position of the bipeds, gravity bringing the discharge to the surface." This same process is believed to go on in quadrupeds, but on account of the position of the uterus the flow is retained in the organ, and absorbed through the lymphatics into the blood, and finally consumed in the vital process or eliminated through the excretory glands.

In the native state wild animals experience the "rut" but once a year, yet in domestic animals, owing to their environment, and more luxurious care and attention, experience this, or a similar phenomena, more frequently. If impregnation be prevented, as is often the case in the domesticated animal, the periods of "heat" and "rut" appear for awhile with great frequency and regularity. The author has observed that in the monkey, mare and goat the periods of heat, or "rut," appear about every eight days until impregnation takes place. This same phenomena is said to reappear at intervals of four weeks in the cow; three weeks in the sheep; two weeks in the sow; and from fifteen to eighteen days in the bitch. These periods are characterized by general nervous excitement, desire and power for conception, congestion and swelling of the external genital organs and a uterine discharge.

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It is claimed by Reterer and Heap,[1] who have made histological studies of the changes taking place in the body of the uterus of a monkey, are the same as those occurring in the organ of the human female; it is generally taught that "heat" in the lower animals is accompanied by ovulation; this is not necessarily so in the monkey. In addition to these more or less hidden phenomena, there is always present, in the animal, strong, sensual, sexual desire; while in the human female sexual desire is altogether absent, at such periods, although it may be pronounced just before or after the period.

The significance of menstruation is yet in great dispute. All modern theories agree that it is more or less associated with the reproduction of the species. In the early days, it was thought to be an effort on the part of Nature to rid the body of effete material. Later Pfluger[4] enunciated the theory that menstrual bleeding and denudation occurred for the purpose of affording a new and freshened surface for the recently fructified ovum, always ready to respond to the bountiful preparation which Nature had prepared for its reception, to which it at once attaches itself, just as a gardener in grafting provides a wounded surface upon which the young scion is set, or, in uniting two membranes covered with tissue, the surgeon first denudes the surface by removing the skin so that union will take place when the freshened surfaces are brought together and maintained. This conception of the phenomenon is universally accepted.

The mystery of menstruation is easily understood when we take into consideration the fact that it is a highly developed inheritance from our mammalian ancestors, and that, although in the human race, under the influence of civilization, and the demands of social life, it has lost its technical sexual significance, yet it is, nevertheless, primarily a reproductive phenomenon inherited directly from our mammalian ancestors.

Nature in her wisdom, and in a manner yet unknown, has endowed animals with periods of "heat," "rut," for reproduction, which are very pronounced in the wild state, and coincident with certain seasons, more frequently in the springtime, just as the sap in the trees begins to run. There may be, perhaps, to-day, a seasonal period shown in woman by the greater proportion of births occurring in the midwinter months, than at other times during the year; this signifies geater sexual activity during the spring months, as is the case with most animals. According to Mayo Smith, writing upon this subject, he avers "that the largest number of human births almost always falls in the month of February,"[1] corresponding to conception in May and June. Observation, according to Smith, just quoted, "the largest number of births in Sweden prove that conception took place in June; in Holland and France, the greatest number of conceptions occurred during May and June; in Spain, Austria and Italy, the largest number took place in May; in Greece, in April;" and in our own country the farther south you will find spring coming on earlier and the conceptions likewise earlier.

In animals conception is confined to the seasons of "heat," "rut," while in woman it is possible at other times than her monthly periods. In this respect woman is more highly endowed than her mammalian ancestors. With only one or two exceptions, woman is the only female that will entertain sexual relations with the male after conception having taken place. The author has observed that the nanny goat and monkey will take the male in sexual congress daily from conception to delivery.

In substantiating the theory that the fallopian tubes play a part in the role of menstruation, Dr. J. Riddle Golf, of New York, reports two cases of vaginal hysterectomy. In each instance the ovary and tube on one side were left *in situ*. During convalescence, in removing the pelvic drain the proximal end of the tube in each case was dragged down into the vagina, and remained in the vagina. It was observed that a bloody discharge was seen to trickle down from the fimbriated end of the tubes. These observations were continued for several months, and then in fear

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of the possibility of tubal pregnancy the doctor sealed up the ends of each tube.

More than two years ago I operated upon a young woman for double salpingio oöphorectomy, removing the right tube and ovary, and removed the middle and inner thirds of the left tube. The excised portion of the tube contained a large collection of pus, which ruptured during the operation, and it was thought advisable to insert a drainage tube in the posterior cul-de-sac. During convalescence, in removing this drainage, the proximal end of the tube was drawn into the vagina, and on subsequent dressings it was observed that a small quantity of a bloody discharge was oozing from this fallopian tube. This phenomenon was observed for two periods, when the tube was pushed back into the abdominal cavity, and the drainage canal permanently closed.

Thus we see from the two cases reported by Dr. Golf, and the case occurring in my own practice, that these observations tend to establish the fact that the fallopian tubes, without the presence of the uterus, in two cases, and without any uterine connection in another, actually performed the monthly function.

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Two Henry W.

[Written for the MEDICAL BRIEF.]

Operation for Harelip.

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Harelip is not, fortunately, a very common deformity. The best statistics obtainable show that about one child in eighteen hundred is afflicted with some deformity of the lip or mouth.[9] Some of the hospitals in Europe have maintained quite extensive records of this condition, but even these records are faulty in many respects, so they can not be considered as entirely reliable.

Of the deformities of the lip, the cleft of the left side is of greater frequency than of the right, and in cases of double cleft the left fissure is very generally wider than the right.

In performing the operation for the correction of this deformity, two difficulties present themselves: the flattened nostril is not easily brought into place, and it is likewise difficult to preserve the red border.

In all the operations that have come under my notice, Nelaton only preserved the length of the red border, but his incision was made in the white skin above the red line, so that it carried the white

FIGURE 1. At Two Months.

down into the red border, and proved very objectionable.

I have carried my incisions, commencing at the thick portion of the red border on each side, down just on the border line between the red and white, and by turning those flaps down, and bringing the freshened edges together, which it is possible to do at the angle where the red border is turned down. I have been able always to get a perfect lip, the red border of which was long enough to meet the under lip below, and not cause any protrusion of the under lip, which is so common in cases of this kind.

Case 1 (see illustration 1).—This photograph illustrates the result of an op-

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eration for harelip, where the right nostril lay down almost completely flat. The edges were freshened, and the incision carried down as above described, freeing the red border, which extended nearly to the ala of the nose, and equally high on the opposite side; the flap was turned down, the nostril rounded up and held in place by silk sutures, and also by a wire suture running through the septum, and behind the ala; with some discs on each end, a little gauze inserted for a pad, the wire was twisted and turned up short enough to hold the parts firmly in place. The ends of the red borders were turned down, and the freshened edges of the lip approximated, leaving the parts a little

FIGURE 2. At Eight Months.

prominent where they lay together, to compensate for the retraction of the cicatrix. There is also a strong tendency for the parts to slip up, as there is considerable pressure brought on them. The sutures will not always hold them perfectly, and the insertion of a needle through the lip, to be retained for twenty-four or forty-eight hours, is a valuable aid. The operation illustrated by photographs one and two, required about one hour's time, and was done under chloroform anesthesia.

I find chloroform to give the best results in the majority of cases in young children, although occasionally I find one in which ether produces better results.

After the patient is anesthetized, I continue the anesthesia by the use of an apparatus which I have devised, which keeps the patient fully anesthetized, with the mouth open, and does not interfere at all with the operation, and during the hour of operation there was no waiting whatever for anesthesia.

The larger sutures were removed the second day, and in eight days the patient was discharged cured.

157 Newbury Street.

[Written for the MEDICAL BRIEF.]

The Prevention of Uterine Disease.

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Few who have not an extensive practice in gynecology realize how much might be avoided in the diseases of the pelvic organs of women, with the attendant suffering, if there was an enlightened understanding on the subject. In many cases the troubles commence at the establishment of menstruation. Mothers are guilty of a great neglect in not telling a girl when she nears the time of puberty the physiological facts of menstruation. Many children learn queer notions from their companions and some may have a correct understanding about the menstrual period, but a number more, strange as it may seem, are in complete ignorance of the possibility of such an occurrence. In this country the appearance of menstruation is most common at the ages of thirteen and fourteen, nevertheless not a few begin to menstruate at the age of eleven. The child is horror-stricken at the appearance of the blood, and before saying anything to anyone will often try to stop it by means of a cold bath. Some children have been taken while at play, or swimming, or while out in the rain, and take colds which result in inflammation of all the pelvic organs. Endometritis and ovaritis, in the most acute forms, supervene, and a life of suffering inaugurated, a martyrdom from which

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there is no escape. Family physicians should warn mothers against the negligence of their duties to their growing girls, and instruct them how to bring about the healthy establishment of the menstrual function.

A like neglect exists in giving girls the proper instruction who are about to enter upon married life. A short time before marriage, say the week before, either the physician or the mother should tell a young woman what married life means, the legal requirements that are to be made of her to fulfil her duty toward her husband. Men have little idea of the cloister-like ignorance of many women on the marital relation. They should be instructed in the care and delicacy and gentleness requisite for the proper treatment of their wives in the early months of married life, and should know that in the majority of women it requires time for the coitus to be other than painful. If there is lack of this consideration and understanding, vaginismus of the most persistent type may result. It is not necessary to mention the inflammatory conditions that may occur from excessive intercourse. The most pitiful chapter of all is that which relates to the ravages caused in the innocent by the communication of venereal diseases. Young men should be informed in regard to these matters by their physicians before they wreck the domestic happiness and give a loathsome disease to their beautiful brides. A woman contemplating matrimony should have an examination made to determine her condition and ability to perform the duties of a wife. The man, likewise, should consult his physician, especially if he knows that he has had either gonorrhea or syphilis.

Another large class of gynecological cases is due to lack of proper care during pregnancy and after confinement. In no branch of the practice of medicine has such an advance been made as in obstetrics. The lacerated perineums and torn cervices seldom occur now at the hands of accoucheurs, if they have even ordinary dexterity, and if they do occur their repair receives either at the time of the delivery, or shortly after, the needed attention. Neither are women so much at the mercy of puerperal inflammations. Physicians are apt to err in not making sufficiently thorough examinations after the confinement to ascertain the exact condition of affairs. The greatest troubles which at this day are likely to overtake a woman after her confinement are due to sub-involution. The question of the length of time a woman should be kept recumbent after delivery is not to be measured by days or weeks, but by the condition of the uterus. She should be kept off her feet and from walking as long as the uterus has not returned to its normal size. The failure to do this results in the enlarged uterus of metritis, the relaxed and hemorrhagic uterus, the displaced and prolapsed uterus, with all the train of attendant ills. A woman should be impressed with the true state of the post-delivery period, namely, that a uterus which has gone through changes of growth and enlargement of pregnancy extending through nine months, requires at least two months to return to the normal condition of things. It is not so much the repeated pregnancies, which often come, bringing children at intervals of a year, that drag down a woman, as it is that she has not had the care and rest that the period of sub-involution demands.

The prevention of uterine disease at the menopause will not come in for such a share of consideration that it at present demands, if the care suggested in the foregoing has been observed. The ills of the "change of life" are, in the great majority of instances, a reckoning with the mistakes, indiscretions and pathological conditions of the preceding life. My observation would lead me to say that if no uterine disease has existed or still exists, menstruation will cease as naturally as it began, and without the accompaniment of hemorrhages, or the nervous disturbances or the trying inequalities of circulation. At the time of this great change in a woman, life should be made as easy as possible, and she should be spared unusual physical and mental exactions which exhaust her nervous force, since that is necessary to carry on the work of readjusting the balance of the system after cutting out the ovarian circuit.

Hotel Seymour, 50 West Forty-Fifth Street.

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[Written for the MEDICAL BRIEF.]

The Soother.

BY A. C. COTTON, M. D.,

Professor Diseases of Children, Rush Medical College; Attending Physician Diseases of Children, Presbyterian Hospital; Lecturer Illinois Training School for Nurses; Ex-President Chicago Pediatric Society; Hon. orable Member Society Hygiene, France. Chicago, Ill.

In these days, the inalienable right of a child to protection, especially during the helpless period of infancy, no thoughtful physician questions. Even the lay mind seems to have grasped the idea that the infant should be guarded against all influences detrimental to his normal growth and development.

It is well recognized that one of the commonest causes of infant mortality and morbidity is to be found in disturbances of the digestive tract. That these disturbances are commonly due to infections is generally admitted. Much is yet to be learned in regard to the exact nature of these infections, but all observers seem to agree upon two principal sources of infection, viz.: exogenous and endogenous. In the majority of cases of gastro-intestinal disturbance it is not easy to differentiate between these two sources. The term "Autointoxication" is frequently heard as an explanation of gastro-enteric infection in many instances in which the source of the infective material is in doubt. Enough is known, however, both from clinical observation and bacterial demonstration, that food infection, especially among nurslings, is the most frequent cause of their disorders; hence, the recent revival of interest in the milk supply and methods of handling the same, also in the means of protection from germs which might prove detrimental to the quality of the milk or injurious to the digestive apparatus of the infant. Pasteurization, and even sterilization, though undoubtedly depreciating the food value of the milk as well as its digestibility, is advocated by many who would minimize the danger from the introduction of pathogenic micro-organisms with the food. For the same reason, the improved hygiene, including the care of the nursing bottle, the sterilization of the nipple, the antiseptic care of the baby's mouth, and everything pertaining to the act or process of feeding, is widely practiced.

The unanimity of the profession in regard to these details leads the writer to call attention to a glaring inconsistency in infant hygiene, which is so widespread as to come under the daily observation of every baby feeder. The long tube nursing bottle is practically obsolete; indeed, some municipalities have enacted laws against the sale or use, for the evident reason which has been amply demonstrated—that the apparatus can not be kept germ free. Great credit is due to Doctor Irving Snow, of Buffalo, for his vigorous and successful crusade against this death-dealing tube. As though the nursling had not enough to contend with in securing his right to protection in our unhygienic homes, it would seem that saturnine ingenuity were invoked to devise methods to introduce pathogenic micro-organisms into his very vulnerable digestive tract.

Such an ingenious device I now refer to, as the "soother," conspicuously displayed for sale at all the shops. So popular with the laity is this devilish invention that mothers and grandmothers wantonly teach the baby its use, and have been known to express regret when the infant did not take to it kindly, because it appeared to be such a comforting habit when once established.

Upon examination of the construction of this so-called "soother" and its method of employment, it is evident that no apparatus could be constructed to furnish a better medium for the collection and cultivation of a great variety of organisms, many of which are undoubtedly pathogenic to the nursling. Warmth and moisture are supplied by the baby's mouth and secretions. Germs, everywhere present, are planted upon this culture bed from frequent contact with hands and garments and furniture, floor, ground, and not infrequently, from the oral cavity of the mother or nurse. The contrivance itself, with its adhesive, retaining surfaces, its constrictions and rugæ, its bone shield and stem with their crevices, depressions and openings,

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its ornamental ring with fancy ribbon or filthy string by which it is attached to the person of the victim, all perform their part in the cultivation and colonization of possibly death-dealing microbes. If anyone is inclined to question the truthfulness of these statements, let him possess himself of the next soother that he meets in active operation, and examine smears from the accumulations in its grooves and sulci. His microscope and cultures will convince him of the truth of my statement.

Pernicious as it may be, this daily and hourly ingestion of infective organisms is not the limit of possible injury to the infant through means of the "soother." The subject of adenoid facies, so-called, in its relation to the existence of troublesome adenoids, has not escaped the attention of any student of child development. Peculiar conformation of oral and facial structures is commonly—perhaps too commonly—attributed to the presence of the adenoids. That adenoid facies frequently appears as a familiarly type is well known, and the etiological relationship of the malformation to the naso-pharyngeal growths is a question not yet settled. That the adenoid face is found with the adenoids, is not proof that the former is due to the latter. That adenoids may cause mouth-breathing is evident. That mouth-breathing causes well-known deformities such as a narrowing of the palate, constriction of the inferior nasal meati, with deflection of the nasal septum, is not so apparent. That mere inspiration and expiration through the mouth will cause, or even greatly influence the oro-nasal conformation, the writer does not believe, though he accepts the deformity or any other condition which interferes with free nasal respiration as prolific in the causation of naso-pharyngeal catarrhs, with hypertrophy of adenoid tissue. The direct current inspired in the mouth-breather incites tonsilar hyperemia and hypertrophy, so that the familiar type of this deformity may prove the starting point to the lesions of the mucosa above mentioned.

In the absence of heredity it may be questioned whether intrauterine conditions or pressure at the time of delivery, with or without forceps, may not influence the peculiar conformation known as "congenital adenoid facies." Be that as it may, the fact is well known that an infant apparently normal at birth may gradually develop this oro-naso-facial deformity between the sixth month and the third year of its life. The not uncommon alveolar dental deformity produced by thumb sucking has been thoroughly exploited. Little, however, so far as the writer knows, has been said in regard to the effect of the continuous use of the "soother" in this connection. When we recall the plastic condition of the structures that make up the oral and nasal cavities, giving form to the infant face, and remember that ossification is incomplete at birth, proceeding only from numerous ossific centers with intervening areas of plastic chrondral tissue, it is not difficult to perceive that persistent, or continuously remittent, pressure applied in the same direction will influence the shape of the structure as ossification proceeds. The modern operations for congenital bony defects, as fissure of the palate, show how plastic are these palatal and alveolar structures in early infancy. The normal oral cavity in infancy is extremely shallow. The alveolar ridges are low, and do not approximate when the mouth is closed, in which position the tongue fills the entire fossa, pressing lightly against the flat, low-vaulted palate.

The mother's nipple, conical in shape, with proximal base, very compressible, is seized in the act of nursing by the infant's lips, which are exceedingly prehensible in their function, the anterior alveolar ridges being employed to assist the suction in stripping the nipple from base to apex. The milk, which flows freely from the sympathetic breast in response to the nervous mechanism of the mother is thus easily secured with but little effort on the part of the child, in the line of vacuum formation. To be sure, where the flow is meagre or refractory, the vacuum-forming apparatus with its buccal sucking pads is complete, and may be employed with great energy. In all of this, however, the roof of the

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mouth is disturbed by little or no pressure, and the child, gratified with the steady flow of delicious aliment, finds but little need for suction sufficient to cause great lateral pressure on the alveolar ridges. Moreover the act of nursing occupies but a short time, and is followed by hours of rest. The "soother" resembles the maternal nipple in no respect. Almost without exception it is pear-shaped, the large end distal, the narrow neck emerging from a disc of bone, which, resting against the outside of the flattened lips, prevents the apparatus from being swallowed. This pressure does away with the prehensile function of the lips. This large foreign body, engaged between the dorsum of the tongue and the yielding plastic roof of the mouth, is mumbled continuously, while frantic efforts at suction to derive milk from this barren apparatus develop the mechanism for vacuum formation to the highest degree. What follows? The powerful buccal muscles with their sucking pads are continuously forced against the lateral alveolar ridges. The upward pressure of this pear-shaped body increases the concavity of the yielding palatal arch, thus favoring the approximation of the superior lateral alveolar ridges. The inferior nasal meati, whose floor is thus uplifted, are diminished in height. The septum nari, buckling under pressure, still further limits the respiratory area of the nose. Moreover, the use of the "soother" becomes practically continuous as the habit develops, so that the mumbling and sucking continues even during the broken slumber. Indeed, it is usually interrupted only long enough for the infant to receive food, and the infernal contrivance to receive fresh smears of bacteria from the never-failing environmental supply. It is doubtful if this prolific agent of infection and deformity will ever be entirely abolished without legislation prohibiting its manufacture and sale.

1485 Jackson Boulevard.

Most welcome visitor to my office. Long live the BRIEF.—WM. J. BARRON, M. D., Ackerman, Miss.

[Written for the MEDICAL BRIEF.]

Cardiac Drugs and Their Uses.

BY OLIVER T. OSBORNE, M. A., M. D.,
Professor of Materia Medica and Therapeutics in Yale University. New Haven, Conn.

The so-called cardiac drugs may be divided into three classes:

1. Those which permanently strengthen the heart and pulse.
2. Those which stimulate the heart for a short time; and,
3. Those which partake of both these properties.

Since most cardiac tonics act slowly, the best results can only be obtained by their prolonged use; it follows, therefore, that the drug which stimulates the heart is indicated in shock or failure.

Digitalis is still the principal cardiac tonic, and the drugs which resemble its action are strophanthus, sparteine, cactus, etc. The chief stimulating tonics are strychnine and caffeine, while the cardiac stimulants are alcohol, ammonia, camphor, nitrite of amyl, nitro-glycerine, and ether.

The action of digitalis is, first, a slowing of the heart, an increase in arterial tension, increased output of urine, diminution or disappearance of dyspnea, edema, exudates, and digestive disturbances. If the heart is slowed beyond sixty beats per minute, there is a feeling of constriction in the head, or the pulse becomes irregular, and nausea and vomiting are an indication that too much digitalis has been used. The slowing of the heart following the use of digitalis gives that organ a much-needed rest, and its effect on the cardiac muscle is an increase in thickness and strength. Mitral insufficiency, mitral stenosis and aortic insufficiency are conditions which call for digitalis.

It is difficult to say whether digitalis is of value in endocarditis, but it seems to me if the heart with endocarditis is beating at the rate of one hundred and ten beats per minute, the rest produced by a reduction to eighty or ninety beats will be of advantage. In myocarditis it may be given in small doses.

Digitalis should not be used in endoarteritis, atheroma, and ordinarily not in aneurism.

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Digitalis acts as a soporific in the insomnia of neurasthenics, or where there is general vasomotor debility. In delirium tremens it should be given hypodermatically. In chronic liver disease, this drug combined with other treatment is always beneficial.

In regard to strychnine, we are too liable to continue to stimulate our debilitated cases rather than to rest the heart, hence almost every patient is receiving strychnine in some form.

As a cardiac stimulant, caffeine may be used at any time when such a stimulant is indicated, and as a cerebral stimulant it has no equal. The contra-indications to its use are palpitation, irritable heart, high blood pressure, cerebral or spinal inflammations, insomnia, neurasthenia, and acute genito-urinary inflammations.

The action of alcohol as a cardiac stimulant is marked and positive. There is considerable difference of opinion as to its value as a cardiac stimulant. If too large doses of alcohol are given, a partial paralysis of the blood vessels results, and a weak action of the heart is the consequence.

In high temperature, where the heart is very rapid from the stimulation of fever, toxins in the blood, or nervous irritability, alcohol reduces the temperature, and slows the pulse.

If the dose is properly regulated, the action will be found to be continuous for good. The dose should be small and frequently repeated. The attempt to combat cardiac failure by frequent doses of alcohol will cause more or less paralysis of the blood vessels, and it is safe to say that it is the least useful of all the stimulants.

In certain conditions which may be affected by mental anxiety, alcohol may be used to quiet a patient who is worried over his condition, and in such instances it is of advantage.

252 York Street.

Please find enclosed one dollar for the good old BRIEF. Send it right along. Can not keep office without it. Long live the BRIEF, and may the Editor be happy and prosperous.—N. H. LEHMAN, M. D., Sterling, Ill.

[Written for the MEDICAL BRIEF.]

Medical Authority.

BY ROBERT M. STERRETT, M. D.,

Former Demonstrator of Surgical Pathology, College Physicians and Surgeons, Chicago; Former Attending Physician, West Side Free Dispensary, Medical Department, Chicago. New York, N. Y.

From time immemorial the great masses of the people have looked about them in a kind of hypnotic impotency for a leader. No matter in what walk of life, there are thousands of people of sound mind and good average judgment who seem afraid to use the one or depend on the other in the initiative of any proceeding, but must wait until some one who has dared do so, shall arise and "authorize" the proceeding—whatever it may be.

Who is "authority?"

In matters of state or municipality, the army, the navy, this question can be easily answered.

But, who is "authority" in medicine, and how was that condition reached? Is this power, to which a large majority of the profession bow with traditional humility, vested in "the faculty" as set forth in the "code" of medical ethics—the teachers in medical colleges and the writers of text-books? If so, how far does this "authority" extend, and how long does it last?

This is no idle quibbling with an important question; it is of really vital interest, as may be shown.

There are subtle workings of the human mind that make it exceedingly difficult for a man—having once taken a position in regard to a certain question, be it in science, politics, art, literature or religion—to admit he has been in error, and change his views. The higher he has risen as an "authority" (a power accorded him by tacit acquiescence on the part of his following—not by any law), the more difficult it is for him to admit the possibility of error on his own part. When the "authority" has committed himself to print—has it down in black and white in a book—it becomes as near an impossibility for the author to see any great amount of truth and usefulness in any other "author's views" (unless they

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agree with him) as it is to see boats on the "canals" in Mars.

This is a conservative trait of the scientific mind, for it secures stability—firmness—in the construction of a science, but if carried to extremes, it becomes destructive, because a truth of to-day may be shown to be only a half truth to-morrow.

We all believe, when we receive our diplomas from the president of the faculty of our *alma mater*, that we have got the thing about right; the various members of the faculty have told us "all there is in it"—up to our stepping-off event. We go forth imbued with the "authority" of our knowledge. Then we begin to apply what we have acquired at College, and find "preaching and practice" are not always the same.

We learn that theories, seemingly as sound as a new steel yacht, actually leak; that certain remedies which during the lectures and clinics fit the diseases so admirably as the professor talked about them, now, in actual practice, "hit some cases and miss others."

By some working of the sub-conscious mind, we all at once become inspired with an idea that we do not ever remember to have heard at college—we do not know just where it did come from—but we carry it out, even if it is opposed to "authority" (if we are bold enough to do so), and, behold! we have achieved something on our own hook.

Now, who's authority? We have our diploma—our State Board license to practice. Who can stop us from applying our own ideas and inspirations in the treatment of the sick? We read a paper in the medical society about our idea that has been so successful in our hands, and, being very much at variance with the practice now in vogue, we get an avalanche of criticism from the profession on our head, and we are told by some older, more dignified member, that he has about all the text-books on that subject, and he has never seen anything like the "innovation" we have dared to spring on the society, in any of the "regular authorities." And we are "snowed under," or "boiled down," according to the season of the year.

Of course, if we are of the stuff that makes for success in spite of obstacles, we hang to the truth we have turned up in our own particular corner of the medical mine, and work and wait. We have begun to realize that we have just the same intellectual faculties and reasoning powers that God gave those who have become authorities.

Moreover, we are in good company if the majority oppose us, for the majority have usually been on the wrong side of nearly every question of any value that has ever affected human progress. It is nearly always the humble seeker after truth, so absorbed by his concentration of purpose that he loses many opportunities for securing rest, pleasure or money, who makes the real advances. But after the smoke, and blood and dust, are cleared away, the "authorities" approve of the advance with the dignity of Poo-Bah, and the *sang froid* of Beau Brummel.

Thus, Waterhouse introduced vaccination into this country, and, in return, was persecuted by the "medical authorities" with a virulence almost beyond belief. And Jenner received about the same treatment from his English colleagues. Now, if anyone casts a doubt upon the efficacy of vaccination as a preventive of small-pox, he is sat upon by the authorities good and hard, and whisperings may be heard to the effect that such a man's license ought to be forfeited.

"Tuberculin" was discovered by Dr. Dixon, of Philadelphia, who said it was not suitable for use in man, because the "active principle in it had not yet been isolated." But when Koch reintroduced "Tuberculin" as a cure for consumption, the "authorities" became enthusiastic, papers were read, and the men who read them were listened to and admired. Koch was a foreigner, and an "authority" in Germany.

Would any doctor dare get up and read a paper on tuberculin to-day?

Likewise, when Bergeron, of Paris, exploited the idea of introducing sulphuretted hydrogen and carbonic acid, forcibly into the rectum as a "cure for consumption," again "medical authorities" rallied and enthused; the instrument makers worked overtime preparing apparatus for pumping these gases into consumptive pa-

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tients, and made fortunes selling them to the doctors, for all who could buy must try the methods approved by the "authorities." Then the bubble was punctured.

Would any doctor care to recommend the forcible introduction of sulphuretted hydrogen? I pass over.

Gross opposed oöphorectomy as long as he was an authority; also the "dualism" of chancre and chancroid. What is the belief of the profession upon these questions to-day?

De Costa opposed lengthening the medical course at college beyond two terms, and resigned his chair when he could no longer prevent the change—the advance.

When a thoughtful member of the profession discovered anesthesia by the inhalation of sulphuric ether (and it is immaterial for the purposes of this article, just who the man was) the "medical authorities" of Philadelphia, in solemn conclave assembled, adjusted their heavy spectacles, arose with ponderous dignity, and with one hand under the tails of their "claw-hammer" coats, the other clenched and extended defensively—as it were—they declared they would never submit their patients to the dangers of the new fad, even if the "authorities" in Boston and New York were foolish enough to take such risks.

And so on through the history of medicine the so-called "authorities" have clung tenaciously to many theories and methods because they had begun by doing so, and dared not shift, or enthused over strange theories and ofttimes senseless practices (for unknown reasons), and the rank and file have been satisfied with "thumbs up" or "down," depending entirely upon what "Simon" has said.

The real "medical authority," the right to do a certain thing for the relief of the distressed, and the cure of the sick, is evolved from the reasoning powers of the educated seeker after medical truth, and it is not only the privilege but duty of every individual member of the profession who desired the advance of the work of relieving human suffering, and of saving human lives, to act upon the light—the God-given light within him, as his "authority."

When a certain author of a text-book says "this is all we know about the treatment of pneumonia," etc., he assumes an authority he does not possess, except in the minds of the hypnotized gentlemen who prefer to applaud one who has, by the exercise of his own faculties, raised himself above them, rather than to depend upon the same innate analogous faculties within each of reasoning for oneself.

The thought to be conveyed in this article is, that the "medical authorities" are men, and liable to get into ruts as well as anyone else, and make mistakes by omission as well as commission, and that to follow any set dogma because some one has promulgated it who assumes to be "authority," and without individual thought and investigation for ourselves, is incompatible with the true scientific mind, which should be the doctor's, by natural intuition and subsequent training.

521 West One Hundred and Twenty-Third St.

[Written for the MEDICAL BRIEF.]

Blood Examinations.

BY C. J. BARTLETT, M. D.,
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New Haven, Conn.

The value of blood examinations for diagnosis, and to a less extent for prognosis, is now generally recognized, and the pathologist is being called upon more and more frequently for this purpose. For this reason it is desirable that the practitioner should not only appreciate the diseases in which such examinations may be of value, but should know also in what cases it is necessary for the one making the examination to obtain the blood himself, in what cases it may be obtained by the physician, and sent to the laboratory, and the way in which these latter preparations are to be made. The common purposes for which the blood is examined are (1) for the presence of blood parasites; (2) for some specific agglutinin; (3) for leucocytosis; (4) to determine the general condition of the blood; (5) to show the presence or absence of bacteria in the blood. Under (1) the most common parasite examined for is the plasmodium of malaria, al-

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though the spirillum of relapsing fever and the filaria sanguinis hominis may also be looked for. The physician may make satisfactory preparations for this purpose by touching the end of a glass slide to a perfectly fresh drop of blood obtained by pricking the lobe of the ear, and immediately drawing this lengthwise of the surface of another slide. This dries at once. Three or four such smears should be made. The slides must first be well cleaned by washing, drying and polishing with a soft linen cloth. These smears are later stained by the examiner. As yet the Widal's test for typhoid fever is practically the only one called for under the second group. For this three or four small drops of blood are collected, preferably on a glass slide, though writing paper will do, and allowed to dry. They should not be covered with a cover glass. These may be used for the test at any time. Under (3) are to be differentiated those cases like pneumonia, peritonitis and appendicitis, septicemia, suppurative processes in general, etc., which commonly show an increased number of white corpuscles, from typhoid fever, malaria, influenza, etc., in which this is lacking. The examiner should himself obtain the blood for this, though if the leucocytosis is marked it may at times be told by a smear prepared as above. The general examination of the blood is of value in the so-called primary anemias as well as in the secondary anemias. The blood here is to be obtained by the one making the examination in order to properly dilute it at once. Leukemia can usually, and pernicious anemia can at times, be diagnosed by smear preparations. Cultures from the blood are as yet rarely called for outside of hospital practice. They may be of value in obscure cases of typhoid fever, pneumonia and septicemia by demonstrating the presence of the bacteria. The bacteriologist himself obtains the blood for this purpose, five or ten cubic centimeters being drawn from a vein of the arm, and at once added to the culture medium. The determination of the specific gravity of the blood, and of its alkalinity, is as yet of little diagnostic importance.

Most of the examinations required are sufficiently simple so that the general practitioner may do them in his office, after taking a short course of special instruction in the subject. The technique requires, chiefly, accuracy in diluting the blood, and counting the corpuscles, and knowledge of the way to use some one good blood stain. The interpretation of the results is more difficult. Considerable experience is necessary in order to determine what is pathological and what is merely artefact, either in the fresh or stained blood preparation. Also in considering the significance of an increased number of leucocytes, it is necessary to constantly bear in mind the various physiological processes which may give rise to this, and that mere concentration of the blood produced in any way may account for a moderate leucocytosis. Here only a count of the red cells will explain the condition. Fortunately recent works on the blood, such as those of Da Costa, Cabot and Ewing are available, and are very complete both in the details of technique and in interpreting the results of the examination.

96 Sherman Avenue.

[Written for the MEDICAL BRIEF.]

Has the Right Ring.

BY J. R. ARMSTRONG, M. D.,
Irvington, Iowa.

Allow me to congratulate you upon the new dress you have put on the July number of the MEDICAL BRIEF. It is both plain and beautiful, and the contents of the July number, in my estimation, surpasses any number of the good old BRIEF that has come to me during the many years that the BRIEF has been read and highly enjoyed by me.

I get more real practical information from the BRIEF than I do from any author in my medical library. Everything stated in the BRIEF is very clear and practical. Often just the very thing I need to help me in my practice. The editorials contain much that is very pleasing and profitable to me. Long live the Editor, and the good old BRIEF.

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[Written for the MEDICAL BRIEF.]

Some of the Physiological Uses and the Formation of the Adipose Tissue of the Body and Its Relation and that of Fat Foods to the Prevention of Tuberculosis—The Absolute Cure of Tuberculosis by Subcutaneous Injections of Oil.

BY THOS. BASSETT KEYES, M. D.,

First Chairman of the Organization Committee of the American Congress of Tuberculosis, and one of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis, 1904. Chicago, Ill.

(Continued from page 669.)

PRE-TUBERCULAR CONDITION CAUSED BY A HABIT OF NOT EATING AND NON-DIGESTION OF FATS.

By this he concludes: "I mean a comparative, not a complete, non-digestion. There is abundant evidence to show that in tuberculosis fat digestion is defective. Almost all writers insist upon the repugnance felt in most cases for fat; and even where this dislike is not present, and considerable quantities are taken, it is usually met with in the stools, showing that it is not digested. There is, therefore, every reason to believe that this diseased condition depends upon a deficiency of oil and consequent relative excess of albumen in the nutritive fluid. Admitting this, the question still remains: How does this disproportion between these substances originate? To this no satisfactory answer has as yet been given. To say that it is due to acidity of the alimentary canal does not indicate where or how the departure from normal condition begins. Acidity is only one of the events in the history of the disease, and may be traced to that general suboxidation which accompanies diminished vitality. Most probably it is met with in all cases of tuberculosis which get to the length of a *post-mortem;* but there is no reason to believe that it is the essential beginning of the tendency of the disease. Preceding the deposit of tubercle, there is a stage in which loss of energy is the most marked feature, and wherein no actual disease of any kind can be traced. But even here the deficient digestion of fat has become established, and only enough being taken into the system to supply the waste tissue. Such being the case, it requires little additional demand to be made upon this small stock of fat to cause actual disease, with deposit of tubercle, to commence. Repeated or prolonged exposure to unusual cold is sufficient, by drawing upon the limited supply of carbon, to disturb the balance between fat and albumen, and thus cause malnutrition. The harmony which will be seen to exist between the recognized causes of tuberculosis and the conditions which favor the non-digestion of fats will most of all support this view." It must be remembered that the above was written at about the time experiments were being made to inoculate animals with tuberculosis from the tubercle, the germ at that time not having been discovered. It could now be said more properly that the non-eating and non-digestion of fats has led to the weakened condition and lowered vitality of body favoring the growth of the germ and consequent formation of the tubercle.

SAVAGES AND OTHER RACES, WHO IN EARLY DAYS LIVED LARGELY UPON FATS AND WERE REMARKABLY FREE FROM TUBERCULOSIS, NOW LIVING UPON FARINACEOUS FOODS, ARE FAST SUCCUMBING TO THE DISEASE.

Should we desire further evidence of the value of fats and oils to prevent tuberculosis we can not do better than to refer to the article of that distinguished sanitarian, Dr. A. N. Bell, editor of the *Sanitarian*, a journal in which appeared in 1900, vol. 44, p. 529, an article entitled "Stamina, With Especial Reference to the Consumption of Fat Food for Its Maintenance and as a Preventive of Tuberculosis." Dr. Bell's "conclusions in this regard are fortified by many years' observation and study of the liability to consumption of peoples collectively, and families and individuals, more or less proportional to their abstinence from fat foods." After speaking of all the various means and methods of treatment of tuberculosis, he says that for the prevention of the disease none of these means, nor all of them together, are, in his judgment, comparable with the benefit derivable from a generous supply of fat in the dietary. He then refers to the Esquimaux of

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Iceland, who possess great strength and physical endurance, being able to lift loads twice as heavy as the seamen visiting these parts, and the Esquimaux living upon fats and oils, and toodnoo, a fat obtained from the reindeer and used as butter, are almost entirely free from tuberculosis; on the contrary, a report which I saw in the New York *Medical Journal* showed that nearly half of the foreign settlements die from tuberculosis, and that most all of the children suffer from tubercular glands. They do not live upon the fats, and this shows that fats eaten has more to do with the prevention of tuberculosis than does the cold climate, as many writers are wont to explain. The North American Indians are also given as examples of a once hearty and comparatively healthy race, who in the early days, when they lived upon fat game, and the meats of their chase formed the large part of their diet, they were strong and healthy, while now, with very little meat, but living mostly upon farinaceous foods, they are dying very rapidly of tuberculosis. The same is said of the negro, who in the days of slavery was supplied with a plentiful amount of "hog and hominy," while now living in cities with a scarce diet of fats, tuberculosis is very common among them. The New Zealanders are also given as a striking example of the change of diet from one composed largely of fats to one of vegetable and farinaceous products. Until about fifty years ago these people were cannibals, eating their victims of war, besides large amounts of fat pork, dogs and other animals. The potato was introduced and a gradual change of diet grew, until now it forms a staple part of their food. At first these people were remarkable for their development, feats of strength and endurance, but now since they eat very little fat and meat tuberculosis is more common among them than among the poorest tenements.

ASSIMILATION OF SUBCUTANEOUSLY INJECTED OILS SIMILAR TO THE ASSIMILATION OF OILS FROM THE ALIMENTARY CANAL.

Animal fats and oils of vegetable cells as producers of potential energy and heat are the most powerful of any substance used as food. They also serve to lessen and modify the metabolism, destruction and waste of proteids, and other tissue-forming foods. Their digestion is largely mechanical, being absorbed in a solid or emulsified form, there being various views held as to its digestion, and is therefore not exactly understood. Recent work would seem to point to the fact that oil is absorbed by the villi of the small intestine by osmosis through the epithelial cells, a straining, as it were, and then absorption by the white blood cells, which are always in waiting to receive oils, the plasma of the blood varying as to the amount of oil contained. According to T. Rumpf, Virchow's Archiv., vol. 174, No. 1, it is very difficult to determine the normal percentage of fat in the blood, since it varies greatly as to amount, being larger after a meal of fats, and since the body possesses no organ which regulates the amount, as the liver does of sugar. It is estimated that the blood contains from 0.2 to 0.5, or even 1 per cent. fat, and sometimes contains so much of the fatty chyle as to be milky. After the absorption of fats from the intestine they are used in the repair of tissue, and to give energy to the body, or it may be deposited as adipose tissue. If the body is diseased, as with tubercular conditions, we know that more fats are necessary to replace the diseased tissues; on the other hand, where all tissues are healthy, the oil or fat would be more apt to be deposited as adipose tissue.

The similarity between the digestion of oil from the alimentary canal to subcutaneous injections will readily be seen. Instead of the fats being split into oils in the intestine and strained through the villi and taken up by the blood cells, we inject under the skin a fine grade of oil, pure and sterilized, being so pure and free that it needs no straining. Under the skin it is absorbed by the blood cells in their fight for the health of the body, using the nutriment to rebuild tissues. Crede, in *Much. Med. Woch.*, No. 9, observes, for subcutaneous alimentation, that albumen, fats and hydrocarbons can be used at the opportune time to furnish heat and force; to the contrary, the albumens do not in noticeable quantity.

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SUBCUTANEOUS INJECTIONS OF OIL PRODUCE GREAT FAT IN A DOG.

Prof. Leube, Uber die Verwendung von subkutan injectirtem felt im stoffurecheel sitzungsber d. physick—*Medicin Gesellschaft zu Wurzburg*, 1895—in a preliminary communication issued the following experiment regarding the utilization of subcutaneously injected fats, for which I am indebted to the article of Dr. Lafayette B. Mendel, *The Dietetic and Hygienic Gaz.*, 1895: "In treating patients with a weak heart Leube incidentally observed that it was possible to make twenty or more injections of camphorated oil (0.1 0.2 camphor to 1.0 ol. oliv.) per day without calling forth any irritation of the skin or other disturbances. In one almost hopeless case 100 injections of camphorated oil were made per day on three different days with excellent results, and attention was directed to the fact that 80 to 100 grams of oil could thus be injected per day. The question at once arose as to whether such large quantities of fat merely remained beneath the skin or were actually utilized in the nutrition of the body. Leube, therefore, instituted a series of experiments on dogs in which the body fat had been reduced to a minimum, with the object of ascertaining whether fat subcutaneously injected in such animals could be assimilated, *i. e.*, stored up as fat in the body. In order to be able to detect a deposit of subcutaneously injected fat in the tissues Leube selected butter for his experiments, since this fat contains in addition to palmitin, sterin and oelin, of which the animal fat is practically composed, glycerides of the lower fatty acids in considerable quantities, so that they can readily be detected chemically and determined in the tissues. In one experiment a dog was fed 250 grams of lean meat daily until the animal remained at constant weight for four weeks and appeared extremely emaciated. An absence of body weight could thus be assumed. In addition to the continued feeding of meat, liquid butter of about body temperature was now injected daily beneath the skin of the limbs." A total of 3,450 grams of butter was injected subcutaneously in amounts varying from 20 c.c. to 100 c.c. daily for a period extending over three months, when the dog was killed. "An examination showed an abundant deposit of fat about the heart and kidneys, as well as subcutaneous layers of adipose tissue in the region of the abdomen and back. The subcutaneous abdominal fat proved to be almost pure butter, the fat in the region of the back was about one-third and the pericardial fat about one-sixth butter fats; that the kidneys and mesentery, however, did not differ materially from ordinary dog fat.

"In the second experiment a somewhat different procedure was followed. As before, a dog was brought to constant weight and laparotomy performed. It was thereby observed that fat was not present in the subcutaneous tissue, and that mere traces were to be seen in the mesentery. The wound was closed and healed rapidly. In the following one and one-half months a total of 1,400 grams of fat was injected under the skin of the thigh, meat being fed as before. The body weight increased during this time 3,880 kilos to 5,360 kilos. A second laparotomy was performed. The subcutaneous abdominal tissue, as well as the mesentery, was now found abundantly supplied with fat. The wound was closed, and the dog again put on a diet of lean meat alone. The body weight slowly decreased to 3,850 kilos. A *post-mortem* examination now disclosed a complete disappearance of fat from the tissues." * * * "The experiments show conclusively that the butter fat subcutaneously injected were deposited in the tissues and the fat thus injected utilized in the body metabolism."

SUBCUTANEOUS INJECTIONS OF OIL MEET ALL OF THE PATHOLOGICAL CONDITIONS OF THE DISEASE TUBERCULOSIS.

If, then, the cure of tuberculosis is entirely a matter of nutrition, as has been proven by all clinical experience and from early observation to the present day, and since fats and oils can be utilized by the body when subcutaneously injected to produce force and energy, and as fats are used more largely to repair used-up tissues, and acts when subcutaneously injected similar to the absorbed fats from the intestine, it is reasonable to expect a cure of the disease tuberculosis by the subcutaneous injections of oil, and now let us consider how well it meets all the pathological conditions of the disease.

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The human organism infected at the lung with tubercle bacillus presents these lesions: First, the infection, which is walled off and the tubercle is formed from which the disease took its name long before the germ was discovered, being so characteristic in this disease, though varying in appearance in graduations corresponding with the stage of the disease, the area infected and its infection with other pus germs from large or small pyogenic sacs and cavities. *Post-mortems* have demonstrated the fact that at least fifty per cent of the people have had the disease tuberculosis of the lungs to some extent during their life, but that in the majority of cases these infections have healed through connective tissue repair.

OIL INCREASES CELL FORMATION.

Following the usual description that when an infection of the lung takes place that the powers of the body, the blood, hurry an increased number of cells, principally leucocytes, to the part, there is also with the cells a connective tissue formed, derived from the nutriment of the blood, in the endeavor of the body to heal itself. It will be seen that the subcutaneous injections of oil meet these conditions in a remarkable way, for they increase cell growth, particularly of the leucocytes, both in number and size, and this follows almost immediately after an injection. The second condition, that of aiding in the formation of connective tissue, is also met, and as we have shown in the early part of this paper, fats are consumed for the repair of tissue more than any other food, *i. e.*, they are converted into the various tissues as the old tissues are worn out. They are, according to this, more essential to the healing of the lung tissue, to the replacing of old, worn-out tissue than any other material.

CONNECTIVE TISSUE WHICH HEALS AND FILLS LUNG CAVITIES DERIVED FROM THE FAT OF THE BLOOD.

If we will stop for a moment and consider the development of fat tissue, we will see its relation to other closely allied tissues, and particularly to connective tissue, the tissue which fills and heals tubercular lung cavities. In the early stage of the growth of fat tissue most fat cells have the same appearance as the ordinary connective tissue cells, and I think that you will bear me out in saying that it is not too far-fetched to believe that the blood, loaded with increased nourishment in the form of increased cell growth and fats, has a better chance to deposit these over-abundant cells and over-abundant fats in the formation of connective tissue in the diseased lung, thus healing the diseased area, the place where they would be more likely to be deposited, since Nature always seeks to cure herself, and since adipose tissue yields to the demands of other tissues in all diseases, the adipose tissue being rapidly exhausted used in Nature's effort to cure; and this she would do and does do, even in cases of tuberculosis in those who are well-nourished and who live well upon fats; but on the other hand, those who are not well nourished and who do not eat fats in sufficient quantities, and the habit of non-digestion of fats has so weakened and impoverished the blood that she can not repair the lung. By injections of oil we thus aid Nature to the material for healing the lung from which she is wanting.

LARGE AMOUNT OF FATS SHOULD BE EATEN, BUT THEY DO NOT TAKE THE PLACE OF SUBCUTANEOUS INJECTIONS.

It has often been asked of me, will not the oils do as well if taken by mouth? And to further bear on this treatment I wish to say that I crowd the fats and oils by mouth so far as possible, but in addition thereto, since loss of appetite and non-digestion are common and part of the disease, and since by subcutaneous injections is necessarily received by the blood to nourish and to increase its cell and tissue-forming material, I inject subcutaneously olive oil in all cases, the average dose being thirty to forty c.c., once daily, to be governed by the effect produced.

ABSOLUTE CURE FOR CONSUMPTION.

By this method of treatment results are most satisfactory, as I have reported in a former communication, and experience since then bears out most favorable results. Cases which were heretofore considered incurable can by this means be cured. Of course there is not so much

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hope for those who have taken to their bed, but even these should have the advantage of this treatment, for many cases recover whom one would think had no chance whatever. True, these cases need careful attention to nurse them back to health, and the injections, on account of some pain which attend the large ones, must be small and frequently repeated. It seems in some cases that the oil injected sets up a reaction of the blood in the way of absorbing more fats and assimilation from the fats eaten.

It will be seen by the foregoing that subcutaneous injections of oil meet every indication for the cure of the disease, but in addition the careful physician will administer all other treatments which have been found useful, being careful not to give remedies for the symptoms at the expense of the stomach. Among the most useful of other remedies let me mention diet and out-of-door camp life.

92 State Street.

[Written for the MEDICAL BRIEF.]

A New Method of Treating Puerperal and Post-Abortion Infections by the Iodized Pack.*

BY E. CABANES, M. D.,

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The methods of treatment most in vogue for the purpose of cutting short uterine infection after labor or abortion are intra-uterine irrigation, irrigations following curettage, and injections of specific sera. In the majority of instances none of these means suffices to nip in the bud an infective process of marked severity. Repeated intra-uterine injections, no matter what antiseptic be employed in conjunction therewith, are far from giving uniformly satisfactory results, and if we do ultimately succeed in saving the patient's life it is usually at the cost of a very great expenditure of time and energy.

Obstetricians of experience will concede, no doubt, that curettage only exceptionally cuts short puerperal infection once it has gained a footing; at most it attenuates the intensity of the process. It is, nevertheless, a mechanical means of disinfection of immense importance with which we can not afford to dispense. With regard to the injection of antistreptococcic serum, while it admittedly does occasionally give good results, its action is uncertain, and above all inconstant. Professor Pinard long since joined issue with Marmorek's teaching that on no account should we resort to intra-uterine maneuvers; in other words, he gives official utterance to the disappointment which has so often followed the treatment of puerperal infections by serum injections.

There is another way of dealing with these infections, a method little known and rarely employed, yet one which appears to be more effectual than any of the means just mentioned, viz.: the intra-uterine antiseptic dressing. I have used it extensively and have convinced myself of its efficacy. Moreover, its action is rapid, and it can be repeated as often as may be required. *A priori*, such a measure is perfectly rational. We daily apply antiseptic dressings to extensive infected wounds after having thoroughly cleansed the infected surface, and numerous are they who scrape, wash and irrigate the uterine walls without applying any dressing. From my point of view, this omission constitutes a grave lapsus in the treatment of puerperal endometritis. Irrigations, which are at most repeated two or three times daily, last but a few minutes, while for many hours together no direct action is exerted on the diseased area. This alone would justify the employment of the intra-uterine dressing, but there are others.

An antiseptic dressing can be applied and reapplied in order to obtain a maximum effect, and several dressings succeeding each other at short intervals secure an energy of action which materially increases the chances of success. Moreover, by this means we are enabled to make use of an antiseptic strong enough to arrest in the course of a few hours the development of the infection, and this without any damage to the organism.

The dressing which, in my hands, has realized these conditions is the iodine dressing, one which is probably not in gen-

*Translated and edited by Alfred S. Gubb, M.D., (Paris), M. R. C. S., Etc., Mustapha Superieur.

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eral use in hospital practice; indeed, it is not even mentioned in current text-books. The usual course is to swab out the interior of the uterus with tincture of iodine, but I remember seeing Dr. Louis Reynès, of the Obstetrical Service at Montpelier, pack the interior of a curetted uterus with iodized gauze in a severe case of puerperal infection. He left it in for twenty-four hours, and, contrary to all expectation, the patient slowly recovered.

When I was house surgeon it fell to me to have to deal with many cases of puerperal infection, in which the victims succumbed to the intoxication in spite of large doses of serum; in spite of curettage and antiseptic irrigations repeated twice daily. It is with these fatalities before me, and in view of the ineffectual assistance which we are enabled to afford in cases which are grave, *ab initio*, it is, after noting that the results improved in proportion to the frequency with which we repeated the dressings, that I have decided not to content myself with a single dressing, but, on the contrary, to repeat them every twenty-four hours, or if necessary every twelve hours, according to circumstances. The renewal of the dressing, as experience has shown, is indispensable if we wish to cut short the febrile process at the onset; it is the distinguishing feature of the treatment which, it is claimed, gives satisfactory results within a few hours. The single dressing only palliates the symptoms of infection; it circumvents, but does not destroy the focus of infection.

It is naturally a difficult matter to cleanse an infected uterus, the walls whereof are permeated with pathogenic organisms. The curette does not enable us to get rid of this focus of microbial proliferation. It may clear the cavity of its gross microbial collections, but it leaves the gorged sinuses untouched, to say nothing of the microscopical crypts and the interstices of the uterine muscle. This anatomical argument helps us to understand the action of the iodized dressing *a demeure*. Remaining in direct contact with the tissues, the latter are constantly imbibing the germicidal substance, this process being in every respect superior to brief irrigations which can not penetrate the depths of the tissues, and the effects whereof cease almost as soon as the fluid has drained away through the tube. The practical difficulty of disinfecting the folds and depressions of the uterine mucous membrane militate, moreover, in favor of multiple repeated dressings in order to arrive at a definite result.

Before dealing with the clinical evidence of the efficacy of this dressing, it may be well to describe the technique of the application, with such remarks as occur to me in connection therewith. To begin with, the vulva and vagina must be thoroughly cleansed by soap and water under a current of antiseptic solution. Should there be reason to suspect the presence in the uterine cavity of fragments of placenta, etc., the interior must be thoroughly scraped by the aid of a blunt curette, the debris, blood, etc., being washed away by a copious flow of sterilized water or weak antiseptic solution. We may then proceed to the introduction of the iodized gauze. Even in the absence of placental debris, the cavity must be thoroughly washed out in order that the mucous membrane may not be protected in any way against the action of the dressing.

The cleanliness of the vulva and vagina having been secured and the uterine cavity irrigated until the return flow is clear, a strip of gauze is prepared, varying in size according to the size of the cavity to be dealt with. In cases of abortion a strip three-quarters of an inch wide and about twelve inches long will usually be found sufficient. After labor at term a band two inches wide and twenty inches long may be required. The gauze is steeped in an aqueous solution, containing four per cent each of iodine and iodide of potassium. The excess of solution is squeezed out, and it is then pushed into the cavity by the aid of the sound. It should be loosely packed, for it must be borne in mind that we are applying a dressing to, and not plugging, the uterus. It may be urged that the presence of the gauze will interfere with the due evacuation of the lochia, etc., but this is not the case, for the fluids escape readily enough. Moreover, the iodized dressing arrests in great measure the secretion, and after the first two or three

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dressings there is no secretion to drain away. The important point is to take care that the gauze reaches the fundus of the uterus, because should any unoccupied space be left between the dressing and the uterine wall we may attenuate, but do not arrest the process.

The aqueous solution of iodine appears preferable to the tincture (the French tincture is much stronger than the B. P. product), not only because it stains the hands of the operator less deeply, and, secondly, because, though it is possessed of equal penetrating powers, its caustic action is less pronounced.

When the strip has been introduced into the uterine cavity the vagina should be washed out to prevent its being burned, and a plug of iodoform gauze inserted to absorb any further oozing of iodine. If there be any false membranes on the vulva, vagina or cervix, they must be energetically scrubbed away.

Twelve hours later the gauze is withdrawn and a fresh strip introduced, the process being repeated until the definitive fall of the temperature marks the termination of the infective process. In mild cases once every twenty-four hours will suffice. The cervix is apt to become very soft after the first applications, but it soon becomes rosy and firm. As a rule, the temperature falls three or four degrees immediately after the first dressing, the pulse rate following suit. In recent cases of infection three or four dressings usually bring about defervescence, but four or five days may be necessary in cases where the infective process has been allowed to develop unchecked. I may mention that eight or ten applications of iodized gauze may be made without any risk of serious damage to the thinned uterine wall. The iodine penetrates without destroying the tissues, but there is of course the possibility of a perforation if the sound be not manipulated with care. I have never observed any symptoms of intoxication from the absorption of iodine. About six drachms of the solution is sufficient to saturate the gauze, equivalent to about fifteen grains of iodine, and we know on good authority that a man can tolerate the injection of thirty grains of iodine into the circulation.

It may be urged that a dressing with oxygenized water would answer the same purpose, an assumption which I am not in a position to affirm or to dispute. Though it may be the practice to wash out the uterus with oxygenized water, it is open to question whether it would be safe to employ it in the form of a dressing such as I have described, in view of the possibility of the formation of emboli. The antiseptic properties of iodine again are greatly superior to those of the oxygenized water. I see, however, no objection to associating the two.

With regard to the effects, even before the fall of the temperature, the rigors cease and the general condition of the patient manifestly improves. The last trace of fetidity disappears with the second dressing, and in the course of ten days the patient may be regarded as cured, some uterine leucorrhea alone remaining.

I recently had an opportunity of inspecting two of the patients treated in the way I have described. They had menstruated regularly without pain, and there was no trace of cervical stenosis. It is idle to speculate on the way in which this dressing acts. I am dealing with a question of fact, and not of deduction. I prefer, therefore to give brief notes of several cases in which the treatment has been applied by me, and these observations will speak for themselves:

Case 1—M. X., married, multipara; had provoked abortion at the fourth month. Admitted a week later with fever and constitutional disturbance she had lost much blood; the cervix was torn and covered with a diphtheritic membrane with a foul odor. I curetted the uterus, removing a piece of decomposing placenta and packed the cavity loosely with iodized gauze. The next morning the temperature had fallen to 102° F., and after the second dressing to 98° F., and there was no further rise.

Case 2—Multiparous married woman; aborted at the third month for the second time within twelve months. She had been feverish for four days, and her temperature on admission was 104° F. A few placental shreds were removed from the uterus and iodized gauze inserted, whereupon the temperature fell to normal.

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After a second dressing she became convalescent.

Case 3—Single woman, after abortion at fourth month. She had been ill eight days; had lost much blood, and had a fetid discharge, with shivering and fainting attacks. Pulse small, one hundred and twenty. Fragment of placenta was removed, and after three dressings she became convalescent.

Puerperal Infections—Case 1.—M. Y., age twenty, primipara; had been delivered at term. She was seized with fever on the fourth day, and had three intense, severe rigors, followed by sweating. The belly was tympanitic. The cavity was washed out twice with sublimate solution, but on the following morning the temperature was still 103.5° F., and the pulse one hundred and twenty to one hundred and thirty. An iodized dressing was then introduced and two days later it was repeated, whereupon the temperature fell to 99.5° F. No further rigor. After a third dressing she was out of danger, and was discharged on the twelfth day cured.

Case 2—This was a case of old-standing infection. A married primipara had for two months been suffering from fever (100 to 103.5° F.), and this in spite of injections of serum of antiseptic intra-uterine injections twice daily, and appropriate medication. She was much prostrated, and the uterus measured five and one-half inches. The iodized dressing was applied every two days, and in ten days the temperature had returned to normal. Recovery, however, was slow, owing to her debility.

Case 3—M S., secondipara, age twenty-two; fell ill three days after labor at term. Her pulse was one hundred and twenty and the temperature 100° F. After removing some placental debris the dressing was applied and the temperature fell to normal, pulse eighty-six. Four days later I removed the dressing and simply washed out the vagina. The next day she was seized with a violent, shivering fit, lasting a quarter of an hour. She was livid and her temperature had risen to 105.5° F., pulse one hundred and twenty-eight. I washed out the uterus and introduced another iodized dressing. On the seventh day the temperature rose again to 103° F., after having fallen in the interval, and the dressing was renewed; no more shivering. On the eighth day the temperature oscillated between 99° and 100° F., and another dressing was done, after which the uterus was simply washed out until the twelfth day, when the temperature suddenly rose to 105° F. This, however, yielded to another dressing, after which she became convalescent. In connection with this observation it is worthy of note that the first dressing failed to arrest the infective process, but after the second application the patient appeared to be doing well. It is highly probable that if the dressings had been repeated more frequently the patient would have been spared the severe rigor of the twelfth day, and this is a point to bear in mind.

Case 4—(Under the care of Dr. Sabadini), S. M., married, multipara. Was seized with fever soon after labor at term. Eight days later her temperature oscillated between 99 and 104° F., and continued to do so during the next six days in spite of intra-uterine injections, with severe rigors and sweats. On the fifteenth day her temperature was 104° F. and the pulse one hundred and fifty, her general conditions being very alarming. The first iodized dressing was applied on that day, and on the following day the temperature was almost normal. Two days later, the dressings having been renewed every twelve hours, the attack was at an end. The moral of this case is that the dressing was successful in checking an infection of twenty days' standing, the good effects being perceptible within twenty-four hours, though it required altogether nine dressings to reduce the temperature to and retain it at normal.

Case 5—A married primipara was delivered of twins on February 5th, having been attended by the same midwife who had officiated in the preceding case, this midwife having conveyed the infection meanwhile to several other private patients, *of whom two succumbed.* She remained free from fever for ten days, but on February 15th she had a temperature of 103.5° F., with a pulse of one hundred and twenty-four. On the 16th the fever rose to 105° F., pulse one hundred and twenty, and the patient had several rigors. The cervix and vulva were covered

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with diphtheroid membrane and pus flowed from the os. After an iodized dressing the temperature fell at once to 99° F., and the pulse to one hundred. Three dressings in all sufficed to check the attack, and on the 19th she was practically convalescent.

Cases 6 and 7 followed much the same lines. In both the infective process was checked by the application of the iodized gauze very promptly.

I feel justified, therefore, in claiming that the iodized dressing may be relied upon to give excellent results in cases of puerperal endometritis. The question remains whether it is likely to give equally good results in advanced cases of septicemia, cases in which the disease has extended beyond the uterus, and has acquired a footing in other regions. Will it prove efficacious when the infection has gained the peritoneum or has involved the adnexa? We can not avoid the conclusion that in a certain proportion of cases this method of treatment will fail to afford relief, notably the cases in which the infective process starts in the peritoneum. There are others in which, though it does not effect a cure, it affords very great relief. For instance, in cases of pelvi-peritonitis, although the periuterine lesions may continue to run their course, we must not overlook the fact that the principal focus of infection is the uterus, and if this be adequately dealt with the concomitant periuterine process can not but benefit thereby. This view is justified by the following observation:

Case 8—Y. S., single woman, syphilitic. After a third abortion at ten weeks fell ill, and was admitted to hospital on the eighth day. She was obviously infected, and the vaginal discharge was very fetid. She was curetted and the iodized dressing applied. There was not much fever, but she developed pelvi-peritonitis, although by the third dressing the uterine discharge had become inodorous. She ultimately developed pyosalpinx, and had pulmonary infarct, with a metastatic abscess of the right rectus abdominis muscle. She ultimately recovered, but we may well ask ourselves what would probably have been her fate had the uterus not been effectually disinfected.

Conclusions. 1—The iodized dressing can be applied with perfect safety several times in succession in an infected uterus.

2. It should be applied every twelve hours in order to obtain certain and rapid results.

3. The repeated and frequent application of the dressing arrests infective puerperal endometritis within a few hours.

4. It will often arrest endometritis of old standing, and cut short an incipient attack of septicemia.

5. Its action may be beneficial in generalized septicemia and peritonitis by destroying the primary center of infection, though in such cases its curative powers are necessarily more restricted.

[Written for the MEDICAL BRIEF.]

Gonorrheal Infection in the Female.

BY A. P. STONER, M. D.,

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Very few of the text-books on gynecology set aside much space for the consideration of gonorrhea. Much of that which has been taught has only served to confuse the practitioner, and in many instances, if indeed not in the majority of cases, positive harm is produced by the procedures generally practiced in the early treatment of these infections. Before examining a woman suspected of having gonorrhea I make it a constant practice to thoroughly cleanse the introitus vagina under a stream of water. The index finger is then well greased and introduced into the vagina an inch or two inches, and upon being withdrawn the tip is firmly pressed against the urethra, when, if acute gonorrhea is present, a drop or two of the characteristic pus is expressed from the urethral canal.

A more accurate diagnosis is made by introducing a pipette into the urethra and allowing it to fill with the pus, and ex-

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amine it under the microscope. This is a safer procedure as well. Pus found in the urethra of a previously healthy woman, however, is an almost certain sign of gonorrhea.

If no other symptom than that of painful micturition is complained of, one's whole attention should be directed to the initial and probably the only site of infection, the urethral canal.

It should be borne in mind that even when the urethral canal is infected the vaginal canal is seldom involved in the process. The vaginal secretions are antiseptic, and the pus deposited during intercourse may be expelled or destroyed, and not reach the uterine canal.

The proverbial vaginal douche following intercourse usually serves to remove the pus from the vagina. The toilet is seldom so effective or complete upon the external parts; and the smears left upon the pudendum by the intromission of the male organ are allowed to repose in peaceful quietude, from whence the gonococci readily invade the urethra.

If intercourse is persistently indulged in it is only a question of time until the uterus and tubes are involved. The vagina is seldom the seat of infection, because its lining membrane partakes more of the nature of integument than of a purely mucous membrane.

The gonococcus may under favorable conditions grow and multiply upon almost any serous surface. It seldom thrives, however, upon any other than the cylindrical variety of epithelium; such, for instance, as that lining the urethral canal, uterine cavity, conjunctiva, etc. In many of these situations it not only grows luxuriously, but constantly invites other forms of infection.

Thus we see the glands of Bartholin and Skene, or the inguinal glands, become infected as a result of a mixed infection. The bacillus aureus is a very constant companion of the gonococcus.

The gonococcus is usually confined to the surface epithelium and seldom invades the deeper structures. It may, however, invade the lymph and blood vessels, and thus be carried to remote parts of the body, and under favorable conditions be the cause of active inflammatory processes in the joints, muscles and other deep structures, producing multiple abscesses, etc. My main object in writing this paper is to condemn the routine practice of digital and speculum examinations, and the equally common practice of treatment of the uterine cavity by injections, swabs, etc., without first having rendered the parts aseptic, and without a positive knowledge of the existence of infection beyond the urethra and vulvar orifice.

Rigorous examination without first having disinfected and cleansed the vulva serves to carry the infective germs into the previously sterile uterine cavity.

Likewise the use of the vaginal speculum, uterine pipette, cotton swab, and even vaginal douches, are all to be condemned until it is positively shown that the infection has passed beyond the introitus.

I have treated numerous cases and brought them to a successful termination without once having disturbed the vaginal canal. In each such instance I have been able to confine the disease to the urethral canal.

The uterus has been found to be already infected, however, in all cases where intercourse has been continued after contracting the disease; or when antiseptic vaginal douches have been practiced by the patient as a means of treatment. The introduction of the syringe nozzle serves to carry the infection up to the cervix, and the ineffective douche following usually fails to remove all the infective germs. Radical measures should not be indulged in during the active stage while the disease is confined to the urethra. The patient is at first placed upon a milk diet. Nothing of an irritating nature should be imbibed until the discharge has ceased. When solids are resumed they should consist of the plainest and blandest foods. To overcome the hyper-acid urine citrate of potassium in twenty or thirty-grain doses should be prescribed three times a day. This may be replaced by the bromide of potassium if the patient's rest is disturbed. Salol and urotropin are used alternately for their antiseptic action upon the urine.

I believe these internal antiseptics are an important adjunct to the treatment. The patient is advised to drink an abun-

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dance of water. Sometimes the alkaline aperient effervescent waters are used to advantage. Lemonade and all irritating drinks and desserts should be prohibited. The urine being diluted, the irritation is greatly allayed, and the pus accumulation is frequently washed out of the urethra. The discharges from the urethra are to be washed off several times a day under a stream of water from a fountain syringe, after which the parts are carefully dried and dusted and a little absorbent cotton lightly tucked in between the labia.

To my mind there is little use of radical treatment after the disease has invaded the uterus. Curettage during the activity of the germs is mentioned only to be condemned. It is next to impossible for one to remove all the infected tissue with the curette, and the inflammation enacted by it will tend to renew the activity of the infection, and invasion of the tubes and ovaries rapidly ensues. Upon one occasion I removed the uterus just after having thoroughly curetted it, and I was somewhat surprised to note that many islands of tissue of the endometrium remained apparently untouched. If the uterus becomes infected the patient should be promptly placed in bed. Laxatives should be freely used and the liquid diet resumed. Prolonged vaginal douches of plain boiled water should be frequently given and cold packs applied externally over the pelvic region. To many readers such advice may seem preposterous and unnecessary. Such means may suffice, however, to prevent extension of the process to the tubes and ovaries, in which case, the measures recommended must be adopted in order to save those organs from irreparable damage, or even the death of the patient.

If such treatment were followed in the early stages fewer mutilating operations would have to be done and much subsequent suffering averted.

The local instillation of solutions of silver salts and other preparations have been disappointing in my hands. When used at all I usually employ the silver nitrate; but only in the latter stages of the disease.

A word as to when a cure should be pronounced: This is one of the most difficult questions one has to decide. A large proportion of cases are conveyed by parties, men and women, who innocently believe themselves cured; and in many instances, to my knowledge, their physician has so advised them. I do not even depend upon the microscopical findings to base my opinion, but advise the patient to desist from cohabitation for sixty to ninety days after all discharges have ceased. Even after that lapse of time I have observed cases in which the disease has been imparted.

221 Flynn Block.

[Written for the MEDICAL BRIEF.]

Chronic Constipation and Its Treatment.

BY MILTON H. MACK, M. D.,

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To attempt the consideration of chronic constipation in all its forms in so limited an article would be impossible.

It is my intention to refer to only three varieties, viz.:

1st. Constipation due to physiological changes only.

2d. Due to atony of the intestines.

3d. When associated with catarrhal conditions of the intestinal tract. These three being the most frequent, naturally come more often under the observation of the physician.

There is little difficulty in making a diagnosis of chronic constipation, but as the symptoms may be so similar there is considerable trouble in differentiating the forms. Constipation is found in all periods of life from childhood to old age, therefore, its frequency demands relief at the hands of our profession. Many cures have been proposed, wonderful nostrums compounded, and pills by the score have been placed upon the market, and still we are apparently unable to give our patients relief.

The question arises, Why should this state of affairs exist? In reply to this, I would unhesitatingly say it is due to too much drugging, and not enough at-

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tention to the other methods of treatment at our command.

The patient to some extent is to blame, because he allows the condition to get beyond control before consulting the physician, preferring to buy his powders and pills from the druggist, who knows nothing whatever of the pathological changes which are taking place.

Furthermore, many patients would rather depend upon the use of their little pill at night time, or of the syringe when necessary, rather than subject themselves to proper treatment for any length of time. When too late they realize that they have a trouble which, instead of improving under their ministrations, has gained the mastery, and now demands constant attention from them. It is about this time that they seek professional advice. The symptoms presented are extremely varied, perhaps nothing more than the torpidity of the bowel is found, but many cases have gone far beyond this. They complain of bloating, distress after eating, and belching of gas. Headaches are a frequent coincidence.

From active, healthy, energetic individuals they become sluggish, sleepy, and take but little interest in their avocations. The appearance of these patients, as a rule, is healthy, apparently being well nourished.

If impaction is present the depression is often marked. I have seen cases in which it required the most intense efforts on the part of the patient and myself to ward off the attacks of depression.

Impaction is mostly associated with catarrhal conditions of the colon. When discovered and broken up in time, and the congestion relieved, no serious consequences result. If not removed, marked local inflammation, ulceration, and eventually perforation, may supervene, followed by peritonitis and other complications.

In many cases we find an alternating constipation and diarrhea, and this may be the symptoms which cause the patient to seek treatment.

My experience has been that almost every case of constipation is associated with a catarrhal condition of the stomach. Not only that, but an accompanying congested condition of the liver.

In nearly all of these cases a contracted liver area is discovered on percussion. This, in my opinion, is that condition of the liver described by Hoppe Seyleras, being due to inanition, and not to any definite pathological changes. Nevertheless, there is frequently present dilated superficial abdominal veins, which plainly tells of a portal obstruction. That these patients suffer much, both mentally and physically, is not to be doubted for an instant.

It is not absolutely essential to differentiate the three varieties in order to proceed with the treatment, but every physician should at least attempt it if for no other reason than his own satisfaction. Of course, before beginning treatment it is positively necessary to exclude all forms of obstruction, such as carcurma, narrowed lumen and the like, as these conditions demand entirely different methods. But for the varieties named the treatment is practically the same in all, and should be classed under three heads, viz.:

1. Dietetic.
2. Medicinal.
3. Mechanical.

Under the head of dietetics, it is well to study the idiosyncracies of the patient, especially so if marked gastric symptoms are present, but if not, it is well to allow a full diet. If gastric disturbances are present, there is generally a decrease in the hydrochloric acid, cases of hyperchlorhydra excepted, and as a consequence, just the diet needed can be given without any trouble. Meats, while not entirely prohibited, should be reduced to a minimum amount. Eggs should be used sparingly. All kinds of vegetables are permissible, and especially those leaving a large amount of residue. Vegetables like spinach, lettuce, beans, peas, beets, turnips, cucumbers, tomatoes and potatoes are the best. The objection being, that after using for sometime, they cause considerable distress from the resulting gas.

Fruits and berries, except bananas, blackberries and huckleberries, should be used freely. Prunes are especially valu-

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able. Pure honey in the comb is a great aid. Added to these, whole wheat bread or a bran biscuit, which I use, and is very palatable, indeed, or even a "bran mash," we have an excellent dietary list for these conditions. When a hyperchlorhydra is present, it is only necessary to remove this condition, and often the constipation will disappear.

Pastries should be given sparingly, if used at all. Plenty of cold water should be taken and is preferable to the hot.

2. *Medicines.*—Very little if any medicines are necessary. As for purgatives or laxatives, it is rare that I ever prescribe them after the first week of treatment, and I feel that their continued use can not be too severely condemned. If I find it necessary to use laxatives at all, for any length of time, I generally give sodium phosphate or cascara, with perhaps a few broken doses of calomel, at the very beginning of treatment, in order to cleanse the bowels.

Aside from these I may use a little strychnine, the efficacy of which is doubtful, or if the hydrochloric acid is decreased, I supply the deficiency with the dilute acid. This completes the medical treatment.

3. *Mechanical.*—Under this head comes massage and lavage. Massage, when given properly, is a great help, and the patient should be taught to do this for five or ten minutes every morning before arising. It can be given by hand, or with the vibrator. But all other treatment is of little value without the use of colonic lavage properly administered. Little or no good is accomplished by giving a large flushing of the bowel. It simply relieves the condition temporarily, and does not remove the cause. It is impossible to go into detail here in regard to the giving of lavage, but suffice to say that the temperature of the injection must be high, at least 115° to 120° F., or even up to 130° F. It is not possible to put a large quantity of water at this temperature into the bowel. Therefore, it must be siphoned off through the tube, and repeated many times during each treatment. Without the lavage properly given, it is difficult to obtain permanent results. Besides these, it is necessary to give instruction in regard to regular habits, time of stool, exercise, etc. Advise the patient to walk as much as possible without causing great fatigue. Calisthenics and all forms of gymnastics are important. With the mode of treatment as outlined, very few indeed are the cases that will not respond, and give the practitioner good results.

103 State Street.

[Written for the MEDICAL BRIEF.]

What Is Suggestion?

BY A. A. LINDSAY, M. D.,

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Were it not just the time when the doctor is letting his hay fever patients change their location I would not deal with treatment in this article, but would take up its pathology, and especially as pertains to the psycho-pathology of hay fever. It will not be many more years until it will be usual to discuss the insanity of the cell and find the relationship between functional disorders and that mind that is manifesting through all the cells of all the tissues besides that of the brain. This and all other articles that it may be my privilege to write for THE MEDICAL BRIEF will be based upon the principles as found in my "What is Suggestion?" in the August number, so I now refer you to that.

I spent a season in northern Michigan that I might have the benefit of the clinics afforded by the hundreds who go there for hay fever and asthmatic conditions. The relief and apparent cures there are due to expectancy (auto-suggestion), so it would not be any proof of efficacy to relate the results of any treatment administered to those going there for climatic effects. I will therefore give only cases that were natives of that country in which they were treated.

It would take a volume to touch all phases of this disease, for while there are typical cases in which hay fever symptoms exist in patients having no other disorder than is manifested in the nervous, functional expressions, there are many more probably in which there are

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organic disorders that are independent of the asthmatic and hay fever symptoms. We are accustomed to thinking of functional disease as a disorder in the arrangement of the cells involved in the tissues disordered, while in organic disease we think of the changes in the structure of the cells. Accurately speaking, however, it is hard to conceive of even functional disorder in which there is not structural change.

It will be easier to conceive of the former when we know that it may be the mind-working of the cells that accounts for the functional manifestation of inharmony.

Be all of this whatsoever it is, this we do know, that hay fever symptoms come by expectancy, disappear by suggestion and may never return if the suggestions are given scientifically. Alfred T. Schofield, M. D., author of "The Force of Mind," cites an experience of Dr. Morton Prince, in which a lady patient of his developed the usual symptoms of hay fever when an artificial rose was placed in her room. When the doctor showed her it was paper and had no pollen, she recovered promptly and never had the symptoms again.

I had a Mrs. C. as a patient in Indianapolis, Ind., in 1897, who came to me presenting all the usual symptoms of hay fever, such as coryza, and was having nightly paroxysms of asthmatic attacks.

These had recurred annually the last of July for five years. Her treatment at my hands began the early part of August. Her age was about thirty-seven; married, had one child; was boarding. She had been the rounds of specialists, the last of whom had used a cautery in the nasal passages, which was severe enough to have met with the demands of a psychological effect in the wide-awake state. He assured me he used the treatment for that purpose, for there was no foreign growth there.

In addition to the acute catarrhal symptoms and the nightly asthmatic paroxysms the most distressing other feature was an hour each afternoon in which she sneezed continuously, and, of course, was completely exhausted at the end of the hour. So much fault is found with those of us who write upon suggestion methods, because we do not explain precisely the manner of giving suggestions and just what we say, that I feel justified in restraining my desires to impart the advanced knowledge of the science and keep right down to the simplest practical routine. I had in my office an Allison table, the ordinary examining and treating table. She sat upon this and reclined back just sufficient to be comfortable. This is better than lying flat.

She had no objection to being treated in any way that I desired, but her husband had expressed himself in her hearing as being opposed to hypnotism, and as he always expected to be present at her visits she requested me not to let him know the secret of the method.

I had a large cabinet battery containing the galvanic and faradic forms of electricity, so I placed one electrode in touch with her throat and the other fastened to my wrist. I turned on the faradic current, which made enough noise and was monotonous enough to really be helpful. Of course, when I touched the patient the circuit was completed, and I so arranged that when I soothed her eyes with a finger of each hand there was barely a sensation produced by the current. This seemed to be an electrical treatment so far as the gentleman was concerned, and he was all the more pleased that his wife went to sleep under its quieting influence, just as I predicted she would.

I said, "You will immediately get such a soothing to your nerves that you will want to relax all of your muscles, and be so passive and your mind so indifferent to all around you that were it not for my talking you would go to sleep." I said the words that prevented her from going on into the natural sleep, for at that time I did not know that I could benefit her if she did not hear my words. Since then I have found that my thoughts go deeper even than my words, and nowadays if I had to leave off one or the other, I would cease audible suggestion and use telepathy only. It is better to combine the two, however.

From the above you will see that the only difference between the natural sleep

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and the deep hypnosis is that of rapport. In the natural sleep the patient would awaken at a word spoken in his hearing. In the induced state there remains that rapport which enables the patient to continue passive and hear the words. You can treat telepathically, though in the natural sleep, and not awaken the patient by the thought directed toward him. It is easy to awaken anyone by thinking "You wake up!"

In about five minutes after commencing the treatment and having given the suggestion she would not go soundly asleep, but remain in hearing of my voice. I said, calmly, sympathetically, soothingly, but with full assurance, "You will not awaken to-night at the usual hour of having your difficult breathing, but will sleep on beyond the time, and the attack will not be as violent as it has been, and it will not worry you at all, but you will go to sleep again. During your natural sleep you will get rid of every disturbance of the circulation, have no inflammation in the eyes, throat or nasal passages. By this time to-morrow you will have no running at the nose and this redness of the eyes and their watery state entirely overcome. This habit of sneezing will be entirely cured by a few treatments, and you will not sneeze violently nor prolongedly, nor feel exhaustion after this treatment."

The reader will note here that I gave positive suggestion that the acute symptoms would all disappear at once—that I suggested that there would be an impression made on the profound and chronic phases of the disorder, as difficult breathing and the spasms of the diaphragm. This conservative method is the secret of permanent cure, which is the establishment of health habit where habit of disorder was.

I gave these treatments in precisely the same way three times a week, until I gave ten total, each time suggesting more marked changes between treatments than I did between the first and second. By the sixth treatment every symptom had disappeared and she apparently was ready to be discharged. Experience up to that time and confirmed by all these years since proves it is well to emphasize and reimpress all the suggestions and suggest that there will be no recurrence of the attack in any form, that there will not be any hay fever symptoms of the character that have previously occurred nor in any other form.

That time of the year environment nor occupation will produce any symptoms of hay fever. That is why we give treatments a few times after the patient appears ready to be discharged. I personally know that this patient was exempt from any trouble for four years after this treatment. I do not credit faradism with any part in this except to afford a tactful means of access to the patient.

While in Michigan a lady who had lived there several years came to me, saying, "Every year about this time I have to give up my position as vocalist because I lose my voice for eight weeks, and I formerly lost it for four." She was weeping from her eyes; her nose running and she could only whisper, and there was much expectoration. There was dropsical condition in both feet extending above the ankles.

Insomnia was another aggravating feature. Her case had all developed in Michigan, where thousands go and get temporary relief. This was in the middle of the week.

I told her not to cancel her appointments, that she could fill them Sunday. I made no effort to produce more than a lightly passive state, such as anyone who could close his eyes could take on. I suggested the immediate return of that control over her voice and the disappearance of all the inflammatory symptoms and that of dropsy. She could speak audibly when she got up from her chair. She sang Sunday. I only repeated the treatments to overcome her fear that it might come back. I saw her occasionally during that year, but have not heard from her since; but she was not in any more likelihood of having the return of hay fever than would anyone else.

Suggestion will cure any case of hay fever. If it ever fail or need prolonged treatment, it will be due to other disorders that may require the time that it takes to rebuild structures that involve making over the cells.

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You do not have to produce hypnosis to treat successfully, but follow principles given in August BRIEF and the methods herein, and do not let your patients go to other localities. Think of psychotherapy as being just as natural, at least, as serum-therapy and mental obstetrics, as professional as forceps deliveries, and you will enter upon a new era in your practice. I was practicing medicine while treating these and many other such cases, but I used no drugs upon these.

2420 North Grand Avenue.

[Written for the MEDICAL BRIEF.]

A Study on Light—A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S., LL. D.,
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[ARTICLE V.]

The subject is one of the greatest difficulty. The torch of science, however, sheds its light to enable us to see the causes at work in producing these marvelous effects. The investigation leads, to a certain extent, to the elucidation of many of the secrets of luminous action, and the determination of the question whether light is an emanation from the sun, or only a subtle principle diffused through all matter, which is excited by solar influence, is intimately connected with the inquiry.

In order to make clear to you this peculiar phenomena of light, I will enter into a more detailed discussion, and thereby dish it up in as comprehensible a form as I possibly can.

WHAT IS FLUORESCENCE?

In discussing the phenomena of absorption it has been pointed out that of the many constituents of a beam of solar light, some are absorbed more particularly by one body and some by another. In general, the energy of an ether wave will be taken up by the matter if it is of the proper period to excite the matter molecules to vibration, yet some bodies appear competent to take up and absorb the energy of waves of all periods, at least of those lying within the limits of the spectrum. The general effect of absorption is to raise the temperature of the body. Thus light is taken up and heat is emitted instead; that is, waves of a short period are absorbed, and in their place the longer infra-red or heat rays are emitted. This is obviously a case of the transformation of radiations of a high period into others of a lower period. Energy is absorbed in the form of short waves, and is emitted in long waves, and this species of degradation is always in operation when light falls upon and heats material bodies.

It is shown that light waves of a short period, as those from the violet end of the spectrum, are absorbed by some substances, and emitted again as light waves of a lower refrangibility.

For example, the violet, or even the ultra violet, may be specially absorbed and emitted again as green or red rays. This is degradation of the same sort as the former, and is termed fluorescence. When light is absorbed by lampblack, and emitted as heat radiations, we detect the transformation by our senses of heat, but in the case of fluorescence the degradation is seen by the eye; the change in period has not been sufficiently great to place the vibration outside the limits of the visible spectrum.

Sir G. C. Stokes, to whom the whole explanation of this phenomena is due, has shown that it is exhibited in a greater or less degree by many substances, including white paper, bone, ivory, cotton, wool, and a host of hundreds of other substances.

To find what rays are most effective in producing fluorescence in any substance, it is only necessary to place a piece of it in the various parts of a pure spectrum, of solar (or electric) light. The spectrum should be formed with prisms and lenses of quartz, as this material transmits the ultra-violet radiations very freely.

When the substance is moved from the red end of the spectrum towards the violet, it is found that at a certain point it begins to glow with color, always of a refrangibility lower than that which falls upon it. Thus, when a slip of uranium glass is so treated, there is scarcely a trace of color exhibited until it is moved up to the blue part of the spectrum. Here

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it begins to glow with its characteristic yellowish light, and the effect persists as it is moved through all the higher colors, and even to a considerable distance beyond the limits of the violet. The ultra-violet waves, which are too short to affect the sense of light, are absorbed by the uranium glass, and afterwards emitted as rays of lower refrangibility, sufficiently slow to be detected by the eye.

Solutions of chlorophyll, sulphate of quinine, and other liquids, may be examined in the same manner by enclosing them in a small test tube.

In the study of the ultra-violet spectrum, we find one important application of fluorescent substances arises in the means they afford us of mapping the solar spectrum beyond the limits of the violet.

Casting the complete solar spectrum on the surface of a transparent fluorescent substance, various effects of the different colors may be observed simultaneously. At the red end there is in general no fluorescent effect towards the blue and violet, and for a considerable distance beyond the confines of the violet the fluorescent shimmer is emitted from the surface layer, and dark lines are visible in more parts, indicating absorption bands in the solar spectrum beyond the violet similar to the Frauenhofer lines, which are presented in the colored part. They have been absorbed in the solar or terrestrial atmosphere, or else they have not been emitted by the sun at all.

The fluorescent light which we have been discussing is emitted only while the substance producing it is illuminated. On intercepting the light which falls upon a solution of sulphate of quinine, the blue shimmer from its surface layer disappears at once. Some substances, however, especially the sulphides of carmin, strontium and calcium, persist in emitting light, even after the incident beam has been cut off; that is, they shine in the dark for some time after exposure to the light.

This phenomena is called phosphorescence. It has, however, nothing to do with the luminosity of phosphorus, which is due to slow oxidation. It is merely fluorescence lasting after the exciting cause has been removed. The light absorbed during exposure is emitted as light of lower refrangibility, and continues to be emitted by many substances for a long or short interval after they have been removed from the light, and brought into a darkened chamber. The duration of the fluorescence after the incident light has been cut off is, in most substances, so short that it is impossible to detect it without some specially contrived method of investigation.

To pursue this inquiry, Becquerel invented an ingenious phosphoroscope, by means of which we can determine with considerable accuracy the duration of the phenomena after the direct light has been cut off. With this apparatus the existence of phosphorescence to a greater or less degree has been detected in most substances.

It has been stated that matter is necessary to the development of light; that no luminous effect would be produced if it were not for the presence of matter. Of this we not only have no proof, but such evidence as we have is against the position. There is no loss of light in the most perfect vacuum we can produce by an artificial means, which should be the case if matter was concerned in the phenomena of light as a cause.

Color is certainly a property regulated by material bodies, or rather the presence of matter is necessary to the production of color. Chlorine gas is a pale yellow, and ultrous vapors a yellowish red. These and one or two other vapors, which are near the point of consideration into fluids, are the only colored gaseous or vaporiform bodies. The sky is blue, because the material particles of the atmosphere reflect back the blue rays. But we have more practical illustrations than this. The flame of hydrogen burning with oxygen gives scarcely any light; allow it to impinge on line a portion of which is carried off by the heat of the flame, and the most intense artificial light will be the result.

Hydrogen gas alone gives a flame in which nearly all but the blue rays are wanting; place a brush of steel or asbestos in it, and many of the other rays are at once produced. Spirits of wine and water warmed and ignited give only yellow rays; add nitrate of stranti and they become red, but nitrate of barytes

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being mixed with it, they are changed to green and yellow; copper affords a fine blue rays, and common salt intense yellowness. Many of these colored rays and others can be produced in great power by the various solid bodies introduced into flame: iron, copper, brass, etc. It is most beautifully shown by the fact that the oxygen and hydrogen flame gives so little light, and with a solid body present pours forth such a flood of brilliancy. So with the electric arc light, iron candles, or filled iron carbons (Kleigle Bros., New York), give the largest quantity of ultra-violet rays. These iron carbons are used in their actinolight for the production of blue violet rays as applied to therapeutics.

We see in light a principle which, if it has not its source in the sun, is certainly dependent upon that luminary for its manifestations and powers. From that "fountain of light" we find this principle traveling to us at a speed which almost approaches the quickness of thought itself, yet, by the refinements of science, we have been enabled to measure its velocity with the utmost accuracy.

The immortal poet of the English language, in his creation of Ariel, that "tricky spirit" who could creep like music upon the waters, and girdle the earth in thirty minutes, appears to have approached to the highest point to which mere imagination could carry the human mind, or to the powers of things ethereal. Science has, since then, shown to man that this "spirit, fine spirit," was a laggard in his task, and a gross piece of matter, when compared with the subtle essences which man, like a hobbler Prospero, has now subdued to do him service.

886 Lexington Avenue.

[Written for the MEDICAL BRIEF.]

The Care of the Teeth.

BY WM. CAILLE, D. D. S.,
New York.

(Continued from page 685.)

The period included between the sixth and the fourteenth year of the child's life is an exceptionally important one with reference to the care of the teeth, their subsequent condition for life depending largely upon the treatment during this period. This attention on the part of the parent or guardian should consist not only in advising or directing the habitual thorough cleansing of the teeth of the child, but should include a personal supervision of the operation, in order that serious omissions as to time or manner may not occur. In addition, a systematic examination of the mouth by a competent dentist should be made at frequent intervals. Teeth become carious from constitutional as well as local causes.

The difference between individuals in the physical character of the teeth (differences in their organization, ossification and density, and consequently in their healthfulness, usefulness, and durability) are generally in harmony with other constitutional peculiarities. The size, shape and structure of the teeth indicate also their liability to decay or their power of resistance to unfavorable conditions. The character and progress of decay vary also in the several temperaments not less than does the original structure—liability to decay, and its character and progress being, however, much modified by the state of the general health. Teeth poorly organized may, by reason of favorable systemic conditions, and intelligent persistent care, be made to outlast even those of vastly superior original structure, but which succumb to unfavorable constitutional conditions, *or neglect*. The temporary interruption of nutrition by acute infantile diseases, such as measles, scarlet fever, rickets, etc., is generally recorded distinctly in the dental organs.

Teeth regular in their positions, of large size, of a rich yellowish-brown color, with dentine dense as ivory, and enamel thickly and evenly deposited, represents a vigorous, healthy constitution, whereas teeth that are opaque and chalky, with enamel only semi-crystallized, deficient in quantity and irregularly deposited, dentine soft or friable, represents constitutional poverty.

The teeth are a part, and an exquisitely organized part of the animal economy. They must, therefore, be more or less influenced by the state of the general health.

Moreover, morbid secretions of the mouth in deranged systemic conditions tend markedly to the production of

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caries. Irritation of the mucous membrane, such as is caused by an accumulation of tartar, which has insinuated itself between the gums and the necks of teeth will provoke a mucous secretion decidedly acid, and, as a consequence, destructive to tooth-structure, also derangements of the alimentary canal are generally accompanied by acidity of the saliva.

Faulty articulation of the teeth very often prevent a thorough mastication of food, also in children having a mouthful of carious teeth causing acute pain while eating, and forcing them to bolt their food, which soon results in dyspeptic troubles, and a general acid condition of the digestive fluids, which are regurgitated from the stomach to the mouth, acting in this way directly upon the teeth.

Many cases have come to my notice in which faulty articulation could be traced back to mouth-breathing, due to nasal obstructions, and requiring years of regulating to bring about a normal position of the teeth. Thumb-sucking may in time bring on protrusion of upper jaw, with subsequent derangement of the teeth. The physician can greatly help towards preventing such a condition, because he generally is in touch with the patient long before the dentist sees him.

As soon as the child has its first set of teeth, a careful examination of the mouth should be made by a competent dentist, and if any cavities found, they should be carefully treated, and gutta percha, cement or amalgam fillings inserted. I mention these three kinds of fillings, because they are easily manipulated, and the child is not subjected to a long sitting. For filling children's teeth, I prefer a non-conductive material, such as gutta percha, on account of the hypersensitive condition of the temporary set of teeth; this will necessitate seeing the child more often than if metal fillings are used, but is better in the end.

Three sittings annually is not too frequent at this period of the child's life, owing to the fact that deciduous teeth easily crumble and break away, and thereby lose the fillings. Parents should teach their children how to use a mouth-wash, and handle a tooth brush; the child will never forget the importance of this in later years, if it is instructed early in life.

The importance of keeping the child's mouth thoroughly clean at all times, can not be emphasized sufficiently. The mouth and naso-pharynx is the portal of entrance for many infectious diseases, and a filthy mouth favors infection.

CLEANING THE TEETH.

If the teeth are properly cleaned on arising, they are freed from glutinous products of bacterial origin, which have vegetated during sleep, and the food that is taken during the day is then not likely to adhere to them; what food does lodge in the interdental spaces may be dislodged by toothpick or floss. Any particles which remain probably do no harm in the few hours before the bedtime cleansing, because the activities of the mouth during the day will hinder, if not entirely check, the growth of micro-organisms. The bedtime cleansing will, as far as possible, remove fermentable matter from the mouth which has accumulated during the day. Brushing with dentifrice may be supplemented with floss, and an antiseptic and alkaline wash.

Antiseptics for oral use should be alkaline in reaction, not merely neutral but *distinctly alkaline.* A perfect dental antiseptic, beside being alkaline, should not coagulate albumen. It should be a powerful non-irritating deodorant.

REMARKS ON PULPITIS-PERIOSTITIS, ALVEOLAR ABSCESS AND ALVEOLAR PYORRHEA.

In toothache from pulpitis, decomposed food acts as an irritant on the exposed pulp and nerve. A filling carelessly inserted, and producing pressure on the vital part of the tooth may also cause pulpitis, and ultimately the death of the tooth. Hypersensitive teeth, into which a metal filling is inserted without first taking the precaution to line the cavity with some non-conducting material, frequently give trouble, as do metal filled teeth, with cavities extending almost to the pulp. Patients so afflicted complain of soreness and tenderness while eating and drinking. Toothache from pulpitis and periostitis are the most common forms in dental practice. Local inflammation may sometimes be checked by local applications, such as a hot water

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bag, a hot poultice of tea leaves, capsicum plaster applied over the dry gums, or equal parts of tincture of iodine and tincture of aconite applied to the gums by means of a brush or swab. Care should be taken not to allow the mixture to flow back into the mouth. After periostitis is more marked, the tooth may often be saved by opening up the pulp chamber. Relief is immediate, and subsequently the devitalized nerve may be removed and a general antiseptic treatment and final filling will be indicated. Alveolar abscess is treated by free incision and alveolar pyorrhea is treated by removing the source of irritation, and by the prolonged use of antiseptic and astringent mouth washes.

REMARKS ON THE EMERGENCY TREATMENT OF TOOTHACHE.

The dentist is, of course, in the best position to intelligently manage a toothache, but for the benefit of those out of reach of a dentist, the following advice is given:

Clean and dry the cavity by means of absorbent cotton on a wooden toothpick, and insert a pledget of cotton saturated with the following preparation:

℞ Orthoform ..... 1¼ parts.
Phenol (crystallized) ..... 1¼ parts.
Camphor ..... 4 parts.
Chloral Hydrate ..... 4 parts.
M.

The cotton pledget must not be too large, allowing room for a second pledget of cotton saturated with sandarac varnish. In a few minutes the varnish solidifies, and protects practically as a waterproof filling. This method is very effective when we have an exposed pulp to deal with. Validol camphorate can be used in the same manner, with good results, and as the Validol does not injure the surrounding tissues it is especially valuable and safe in the hands of the patient.

BRIEF REMARKS ON THE REGULATION OF THE TEETH.

The time that is generally considered most favorable for correction is between the thirteenth and eighteenth years; however, the health and strength of the patient at the time of any proposed operation for irregularity is so important a consideration, that it must not be disregarded. The individual is passing from the stage of childhood into that of manhood, or womanhood, and in this change, *especially in the case of the female*, the life-forces are taxed to the utmost. At this time also the mental faculties are being severely strained by study, in consequence of which, if the physical culture of the individual be neglected, as it too often is, the nervous system becomes unduly exalted. To meet and partially compensate for these drains upon the system, it is most important that full nutrition be sustained. To do this with teeth that are sore or tender to the touch by reason of operative interference is impossible, and hence the system will be still further weakened by lack of nourishment if any severe operation be undertaken. It is, therefore, much better to postpone the operation until a time when the vital power can stand the strain.

FAMILY TYPE OF DENTAL DEFORMITY.

When any great deformity of the teeth and jaws, such as anterior protrusion of either jaw or a V-shaped arch is shown to be hereditary, it is well to take into consideration the hereditary feature of the case before beginning any work for correction. Where the irregularity is known to have been acquired in the parent of the child, and thus to have been transmitted but once, the difficulties in the case are not so marked, because the type has scarcely been confirmed; but where it has been transmitted through two or more generations, the impress is strong and difficult to overcome. In the latter case the correction of the deformity will not be more difficult than usual, but after correction, the tendency of perverted nature to cause a return to the family type will be so strong as to almost baffle us in our attempts to preserve the advantage we have gained.

Acknowledgment is gratefully rendered to Dr. J. E. Keefe, of the Chicago Post-Graduate Dental College, for use of plates in this article.

132 East Sixtieth Street.

Herein please find price of the good old BRIEF for another year. I would be lost not to receive it.—J. M. PRINCE, M. D., Cadis, Pa.

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BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Infants.—Do not wash the abdomen of infants daily. It is unnecessary—is in itself a cause of bowel trouble, and its cessation the remedy needed.

Infants cry only from two causes: Hunger from malnutrition and pain in some form, such as colic, rheumatism or earache. Great care should be taken not to let water enter the ear while washing. For earache—roll a piece of paper, in one end insert a little cotton, upon which pour a little chloroform; place this end at the ear and breathe a full breath slowly through the other end several times. It works miraculously. Be sure and give every infant, daily, water from a teaspoon. A strong infusion of yarrow, one-half ounce in half a pint of water, reduced to six ounces by heat, used as a lotion, should be tried for sore nipples.—Annie K. Bailey, M. D., Danbury, Conn.

[Written for the MEDICAL BRIEF.]

Causes Underlying the Symptoms.—Glasses are not always the remedy for headache. We should not fail to exclude kidney troubles and nervous affections.

Constitutional syphilis can be indisputably diagnosed by the opthalmoscopic examination.

Frequent hemorrhages under the conjunctiva often indicate an arterial capillary fibrosis—later apoplexy.

Failure of the function of vision without pain, redness and lacrymation denotes a grave condition.

Inequality of the pupils in appearance or function, is always a pathological phenomenon, local or reflex.

The Robertson pupil (an immobile pupil) denotes spinal lesion.

The so-called syphilitic dust in the vitreous is diagnostic and indisputable.

Recurring attacks of blindness will often mean uremia.

Blindness of a portion of the visual field (hemeopia) always denotes a central brain lesion.—W. H. Bailey, M. D., Marion, Iowa.

[Written for the MEDICAL BRIEF.]

Membranous Croup.—

℞ Oil Eucalyptus.....30 drops.
Oil Turpentine.....20 drops.
Alcohol ..... 4 drachms.

M. Sig.: Give ten-drop doses every fifteen minutes on sugar until relief, and then every two hours until the membrane is removed.

If given in time it will give excellent results.—C. N. Bishoff, M. D., Eudora, Kan.

[Written for the MEDICAL BRIEF.]

Constipation.—

℞ Fld. Ext. Cascara Sagrada...12 drachms.
Fld. Ext. Barberry..... 6 drachms.
Fld. Ext. Dandelion..... 2 drachms.
Alcohol ..... 1 ounce.
Aromatic Syrup.....16 ounces.

M. Sig.: One teaspoonful night and morning.

This is a pleasant preparation for the cure of chronic constipation.—V. E. Bowen, M. D., Farmington Hill, Pa.

[Written for the MEDICAL BRIEF.]

Menses.—Lloyd's Leontin (Blue Cohosh) is the remedy for suppressed menses, due from exposure to cold, wet feet or over exertion.

℞ Leontin .....2 drachms.
Chloroform...water q. s. ad..4 ounces.

M. Sig.: Teaspoonful in little water every two or three hours.

For painful and scanty menstruation, begin one week before menstruation to give Leontin ten drops in sweetened water three or four times a day. Repeat

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this for several months if necessary. Beginning of third stage of normal labor, where the pain is deficient, head does not progress, woman restless, Leontin, two drachms, water two ounces. Teaspoonful every fifteen minutes to half hour—pains will soon increase, head will progress and woman will be easier. There will be no trouble about placenta, hemorrhage, and uterus will contract nicely.

Leontin is valuable in subinvolution. Uterus is flabby, os dilated, neck thickened, easy to bleed, menstruation free, some clots and bearing down pains.

℞ Leontin .....1 drachm.
Black Haw.....1 drachm.
M. Sig.: Ten drops every three to four hours in water.

Recipe for making chloroform water—is far superior to syrup simplex; will keep in warm weather a month or more.

℞ Chloroform .....2 drachms.
Alcohol .....2 ounces.
Aquæ Pur.....5 pints.
M.

—E. Brinkerhoff, M. D., Bristolville, O.

[Written for the MEDICAL BRIEF.]

Common Medicines.—In this day of discovery and constantly appearing new medicines, we should never forget the usefulness of such medicines as lime water, soda, ipecac, sulphur, calomel, quinine, phosphorus, castor oil, salt, capsicum, iodine, and goose grease.—C. E. Boynton, M. D., Los Banos, Cal.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—In the prodromic period give a dose of blue mass or calomel, followed in twelve or fifteen hours with a sufficient dose of epsom salts to thoroughly flush the bowels, after which give P. & W. quinine in seven grain doses to adult every four hours for the first day (given in capsules or in Warburg's tincture or in pepsin) except while sleeping at night. If fever is 102° F., give fluid extract gelsemium in two to seven drops every two or three hours. If fever rises to 104° F., give one to five grains ammonol, according to age, and if not sweating. If fever is not reduced to 102° F., in two hours give another dose ammonol. Usually two doses in twelve hours are sufficient. Keep fever down. If heart failure or great depression occurs give one or five grains of mur. ammonia one, two or three hours, and inject subcutaneously a strong solution of salt freely. As soon as tenderness of the ileocolic valve occurs commence to give seven drops of turpentine every six hours. Keep the entire body clean and have a well ventilated room. If bowels act too freely, give one one-thousand-six-hundredths grain cupri arsenite every fifteen minutes until flow is checked. If flow is hemorrhagic, add twenty-five drops of fluid extract witch hazel to cupri arst., and if in great pain, use a few capsules of salol (grains four), and eucalyptol, three drops, every two or four hours. At the end of the fourth day commence with Woodbridge Pills No. 1, and give one pill every half hour until bowels act four times, then give one every one or two hours *pro re nata*. This usually cuts the disease short four or five days. Feed with soft boiled eggs, sweet and malted milk—give lemonade and wash mouth frequently with listerine water.—A. P. Brown, A. M., M. D., Fort Worth, Tex.

[Written for the MEDICAL BRIEF.]

Small-Pox.—Overcome the nervous condition of small-pox with bromidia; allay the itching with five per cent solution carbolized oil.—W. A. Burns, M. D., Sheffield, Ala.

[Written for the MEDICAL BRIEF.]

Nervous Headache.—I have found nothing after several years experience so effectual in that form of headache so common, especially with women suffering from anemia, delibility and exhaustion, as

℞ Ammo. Mur.....1 drachm.
Morph. Mur.....1 grain.
Aquæ Camph.....1 ounce.
M. et Ft. Haust. Sig.: Teaspoonful every thirty minutes till relieved.

Two or three doses usually sufficient. When relieved follow with:

℞ Quin. Sulph.....30 grains.
Pil. Ferri. Carb.....30 grains.
Strych. Sulph.....½ grain.
Acidi Arsen.....½ grain.
Ext. Gent.....q. s.
M. et Ft. Caps. No. 30. Sig.: One capsule three times daily.

—G. Huston Chapman, M. D., Uniontown, Ky.

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[Written for the MEDICAL BRIEF.]

Hot Weather Drink.—Physiological salt solution (three grains to the ounce) as a drink in hot weather and hot weather diseases. In hot weather, when people should perspire freely, there is a very considerable drain of sodium chloride from the system in the sweat. A large amount of water is demanded by one when perspiring freely to replace the waste. Ice water should not be used. Water cold as ordinary, obtained from good wells, is cold enough, and if to this is added sodium chloride in the proportion of three grains to the ounce, almost unlimited quantities may be drunk by a person in health or disease without danger of gastritis or other harmful results. For laboring men, babies and all others, in cholera morbus, diarrhea and dysentery, and also fevers, it will produce nothing but good results. In colliquative diarrhea an almost prodigious amount may be ingested with only beneficial effects.——H. W. Chapman, M. D., White Hall, Ill.

[Written for the MEDICAL BRIEF.]

Pernicious Anemia.—I need not say that the prognosis is always bad, yet I have seen a very few unmistakable cases recover. I now have on hand a case, a multigravida, having blood count a month ago of red corpuscles three hundred and thirty thousand, hemoglobin eight per cent. I put her on ovoferrin, two teaspoonfuls before meals and at bedtime, five drops Fowler's solution after meals. There has been a decided improvement since the beginning of this treatment, with a fair possibility of recovery. Sometimes I have used one-eighth grain doses of biniodide of mercury instead of the arsenic.—J. C. Cochran, M. D., Big Run, Pa.

[Written for the MEDICAL BRIEF.]

Erysipelas.—Let others prate about the microbe origin of erysipelas in learned style; I prefer to think that auto-intoxication-lithemia is the basic systemic condition that causes the attack which may be considered the hyperemia of accommodation. In traumatic erysipelas, the injury is but the exciting localizing cause.

For several years I have found in each succeeding case proof of the truth of this theory, and the treatment, by stimulating renal elimination, with the alkaline eliminants; as acet. cit., or bicarb. of potash, salicylate or bicarb. of soda, will give results not to be had from any local treatment.—A. B. Conklin, M. D., Ambler, Pa.

[Written for the MEDICAL BRIEF.]

Indigestion.—Sodium chloride (common table salt), one to two teaspoonfuls in from two to three pints of warm water, given as an enema every other night, gives very good results in fermentative indigestion of the intestines, by regulating bowels and lessening fermentation.

In dysentery and diarrhea the same used once or twice daily in like manner will stop pain, bloody stools and tenesmus when medicine by mouth fails to act—R. M. A. Davis, M. D., Salem, N. J.

[Written for the MEDICAL BRIEF.]

Itching Piles.—Everybody knows the symptoms, if they have not felt them. Tr. nux vomica, rubbed up with butter of cocoa, twenty drops to the ounce, and used night and morning, will cure this condition. Five drops of the same in one-half glass of water, two teaspoonfuls every hour, will help along.—Samuel Eden, M. D., Brooklyn, N. Y.

[Written for the MEDICAL BRIEF.]

Rhus and Other Vegetable Poisoning.—There are several varieties of rhus. The poisonous are rhus radicans (poison ivy), rhus toxicodendron (poison oak), and rhus vernix (poison sumach)—any one of which will produce in certain idiosyncrasies local inflammation, redness, swelling, burning, stinging and itching of the parts. Some persons are immune. The primula (daisy primrose) is poisonous to some. All these vegetable poisonings may be mistaken for eczema and other skin diseases. This article is to give warning against hasty diagnosis. Grease (ointments), alcohol, etc., dissolve the volatile poisonous substance (toxicodendron) on the skin and spread the poison to unaffected parts—hence they should never be employed in

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vegetable poisoning. All vegetable poisoning will yield readily to the following treatment. (Internally for adult.):

℞ Fld. Ext. Rhus Radicans.....5 drops.
Sig.: The above four times a day in little water, after meals and at bed time. Dose increased one drop per day until 15 drops per dose is reached, then decrease same ratio until cured.

Also—

℞ Fld. Ext. Echinacea.....½ to 1 drachm.
Sig.: Three times a day before meals.

℞ Magnesia Sulph.....2 to 3 drachms.
Sig.: Before breakfast every morning in glass of water.

Local application externally—

℞ Liquor Plumbi Subacetatis Dil...4 ounces.
M. Sig.: Apply frequently to parts.

When poison is on the face or near the eyes, or any part of the body where lead would be objectionable, use instead

℞ Sodium Bromide.....160 grains.
Aqua Dist..... 8 ounces.
M. Sig.: Apply to parts every five to fifteen minutes until parts produce a yellow cast—then less frequent.

—J. C. Densten, M. D., Scranton, Pa.

[Written for the MEDICAL BRIEF.]

Diarrhea.—When called early to see a case of diarrhea in young children, give calomel one-tenth grain until bowels move well, and then give

℞ Resor. Bisnol (Burrough)...3 drachms.
Tr. Opii Camph..... ½ ounce.
Tr. Kino.....3 drachms.
Chalk Mixture..q. s. ad....4 ounces.
M. Sig.: Teaspoonful every two or three hours as needed. Shake well.

Remember that in chronic diarrhea, the above is an excellent prescription. It is a dead shot to cases that will come to you from the old mossbacks who give nothing but sage tea, calomel and quinine.—J. L. Fennell, M. D., Waterloo, S. C.

[Written for the MEDICAL BRIEF.]

Acute Catarrh and Colds of Children.—In the acute catarrhs and colds of children, I have found tartar emetic to be one of our most satisfactory remedies. Of course, its use must be restricted to sthenic cases. Indications: fever, croupy cough and hurried respiration. Mode of administration: one one-hundredth to one-fortieth grain, according to age of child. I used one-fourth grain tablets dissolved in water any strength I want. Repeat dose every twenty minutes in urgent cases until slight nausea or relief. Milder cases give every one, two, three or four hours, as indicated. I have used this twenty years and know what it does. —C. C. Gentry, M. D., Antrim, Pa.

[Written for the MEDICAL BRIEF.]

Chronic Malaria.—The treatment of chronic malaria in its various forms in this section of the country is one that puts the country practitioner to test. Surrounding the sawmill camps of southeast Missouri, malaria prevails in all of its forms throughout the greater part of the year. The following treatment will cut short any case of genuine malaria and accomplish a cure in a very short period of time. Treatment as follows:

℞ Calomel .....5 grains.
Ext. Colocynth Comp.....3 grains.
Soda Bicarb.....5 grains.
M. Powders No. V. Sig.: One powder every hour; follow with salts four hours after last dose.

After bowels move freely, push following prescription:

℞ Seng .....3 ounces.
Chionia .....3 ounces.
M. Sig.: Teaspoonful in water every four hours.

℞ Quinine Sulph..... 4 drachms.
Tr. Chlor. Iron..... 4 drachms.
Fowler Sol. Ars..... 30 minims.
Syrup Simp...q. s. ad..... 4 ounces.
M. Sig.: Teaspoonful every four hours.

—F. W. Gale, M. D., Marquand, Mo.

[Written for the MEDICAL BRIEF.]

Intestinal Troubles.—This is the time when little ones, from at the breast to six and eight years, are having so many intestinal ailments, induced by various indiscretions. It will not be amiss to give an idea of my experience of more than thirty years with the variety of intestinal troubles so common to the busy physician.

If the whole tract has not been thoroughly washed out, do it. Give sulph. mag. q. s., after which prescribe the following:

℞ Morphia Sulph.....5 grains.
Acid Sulph. Aromat.....2 drachms.
Fl. Ex. Blackberry Radix...3 drachms.
Vinum Rhei C. P..q. s..... ½ pint.
M. Sig.: One-half to one teaspoonful after every evacuation.

Diet according to circumstances and surroundings. It has given me better results than any other preparation. It checks, not stops. I know whereof I write. —W. K. Jameson, M. D., Moscow, Idaho.

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[Written for the MEDICAL BRIEF.]

Rheumatism.—The majority of cases of rheumatism of whatever form will show a marked improvement within a short time and will be cured by persistent treatment with the following:

℞ Sodium Salicylate.....4 drachms.
Potassium Acetate.....4 drachms.
Aqua Gaultheria.....4 ounces.

M. Sig.: One teaspoonful, diluted, every four hours, followed by a large draught of water.

The drinking of large quantities of water after each dose of medicine is an important part of the treatment, as it aids in the eliminations from both the kidneys and the bowels.—C. L. Harding, M. D., Bellevue, Ohio.

[Written for the MEDICAL BRIEF.]

Primipara Perineal Laceration.—Delivery of nine to twelve-pound babes usually produce perineal laceration, with or without use of forceps, and is quite certain in face presentation. When use of forceps is demanded they should be carefully and hastily removed as soon as the head passes under the os pubis—never allow them to be carried through the soft tissues. I use the Wintermute forceps, and they are easily unlocked. I use no needle, but keep patient supine for three days, placing a small fold of carbolated gauze over the rent to absorb and drain lochia. My cases completely recover.—Wells F. Horton, M. D., Cortland, Ohio.

[Written for the MEDICAL BRIEF.]

Ulcers.—For indolent ulcers, use ninety-five per cent carbolic acid. Use with cotton or brush dipped in the acid and apply to dark places until they turn white—then dress with some mild ointment.—J. R. Jones, M. D., Fertile, Iowa.

[Written for the MEDICAL BRIEF.]

Sick Headache.—Having, with others, obtained good results from the use of veratrum viridi in cases of puerperal convulsions by softening the action of the heart and relieving the arterial congestion on the brain, as indicated by a lessening of the temporal throbbing, I was induced to try the remedy on a similar condition, viz., sick headache, puerperal convulsions and epilepsy in a milder form.

To my great pleasure, I found it to give speedy and permanent relief to most cases, and more especially those cases accompanied by cerebral congestion as indicated by a rigid condition of the temporal arteries. The dose is six to sixteen drops—usually about twelve drops—every two hours, of the fluid extract, until relieved, or four doses are given.—J. A. Kimmell, M. D., Findlay, Ohio.

[Written for the MEDICAL BRIEF.]

Dysentery.—The following has cured many thousands:

℞ Epsom Salts.....2 ounces.
Willow Charcoal..... ½ ounce.

M. Sig.: A teaspoonful every three hours until actions change in color and kind—lose their dysenteric quality.

At same time give the following:

℞ Sat. Sol. Chloral.....1 ounce.
Tinct. Gelsemium..... ½ ounce.
Tinct. Opii Camph.....8 ounces.

M. Sig.: Give about a half-drachm with each dose of salts comp. until the latter act—then give a teaspoonful every two to four hours.

Should the dysenteric action and tormina return repeat the salts. If the tongue is red and contracted give acids, acetic, muriatic, wine, etc. If there is a typhoid condition with rapid small pulse and bluish discoloration of skin and tongue, give a teaspoonful of the following every hour to an hour and a half, omitting other remedies:

℞ Lloyd's Aconite.....10 drops.
Lloyd's Ipecac.....20 drops.
Lloyd's Baptisia.....20 drops.
Water ..... 4 ounces.

M.

—C. D. R. Kirk, M. D., Shuqualak, Miss.

[Written for the MEDICAL BRIEF.]

Senile Gangrene.—I wish to report a case of senile gangrene treated with calcarea fluoride, three x trituration. William C. was taken with gangrene in big toe of right foot late last fall (1903). Foot sore from inception all winter and spring, and was treated by a physician of this city, who diagnosed it gangrene, and advised amputation, as he had had a brother who was similarly affected and had foot amputated—still the disease went on until a second amputation was made. The disease again attacked the stump and finally caused death. This result caused the brother, William, to be very anxious, but declined

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an operation and came to me for treatment. I confirmed the preceding doctor's diagnosis, but said to him I would do the best for him that I could, but had very little hopes of giving anything but temporary relief at his advanced (near eighty) age. I prescribed fluoride of calcium, three x, a powder, morning, noon and night, and to-day his foot is, practically speaking, well, and has nearly entirely healed. Soreness is gone and he walks without limping. Just prescribed for him this afternoon, making the fifth prescription of the above-named remedy, which I think will be all the medicine he will need for the foot. Used nothing as a local dressing, but advised washing with soap and water to keep clean.—W. H. Outland, M. D., Bellefontaine, Ohio.

[Written for the MEDICAL BRIEF.]

Inflammation.—The following prescription is a favorite of mine in general inflammations, especially of the breast, where it stands alone for the relief and cure of pain and swelling:

℞ Thiol .....30 grains.
Oleate of Mercury..... 1 drachm.
Glycerine ..... 1 drachm.
Lanoline..q. s. ad..... 1½ ounces.

M. Sig.: Apply frequently and thoroughly to affected parts.

—H. O. Lightner, M. D., Marysville, Pa.

[Written for the MEDICAL BRIEF.]

Heart Disease.—There is probably no remedy in the *materia medica* which has been abused more than digitalis. Many physicians have not clearly understood the specific indications for this powerful remedy, but have prescribed it indiscriminately in every case of heart disease presented. The specific indications for digitalis are debility, relaxation, weakness, and dilatation of the heart muscle. Digitalis is not an emergency remedy; three or four days elapse before the peculiar action of the remedy is noticed, *i. e.*, the pulse becoming stronger, and the heart steadier in its action. Until this time, a quicker acting cardiac remedy should be used in conjunction with digitalis. A tincture made from Allen's English leaves, or an infusion of the same, should always be used. Dose of tincture, six or eight drops three or four times in the twenty-four hours. Strychnia sulph., one-sixtieth grain three or four times a day, will enhance the action of the digitalis. The specific indication for the infusion would be dropsy resulting from a weak heart, or from any condition requiring the action of a diuretic. The physician's duty does not end as soon as the prescription is written; he should be sure that the druggist dispenses a reliable preparation or he will be disappointed with results.—William H. Russell, M. D., Ipswich, Mass.

[Written for the MEDICAL BRIEF.]

Rhus Poisoning.—In rhus poisoning, I use the following prescription with excellent results:

℞ Alcohol 95 per cent.....2 ounces.
Specific Echinacea.....4 drachms.
Aquæ Pur...q. s. ad.....4 ounces.

M. Sig.: Apply to poisoned part every three or four hours until relieved.

I have succeeded in curing more cases with this prescription than with any other. The burning and smarting is nearly always allayed almost instantly after the first application. Try it—it acts like magic.—C. M. Neldon, M. D., Coshocton, Ohio.

[Written for the MEDICAL BRIEF.]

Hemorrhage.—The young practitioner, and some older ones, after treating a case of typhoid fever up to near the end of the third week, apparently with success, on being confronted with a hemorrhage, does not know just what prescription to depend upon.

I have learned by experience to depend upon the following for hemorrhage from this or any other cause—at least it has not failed me since I have been using it:

℞ Zinci Sulphocarbolate.....15 grains
Plumbi Acetas..... 5 grains.
Opii Powd..... 3 grains.

M. et. Ft. Put in Cap. No. VI. Sig.: One cap. as often as necessary to control the hemorrhage, about three times a day.

This serves the country doctor admirably who can only see his patient once a day. I had never seen the three combined before. It is better than to leave either of them out.

Of course, the other necessary treatment must not be neglected. Will some one give the best treatment for tympanitis of typhoid?—C. E. Reitzel, M. D., Youngsville, N. C.

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[Written for the MEDICAL BRIEF.]

Burns.—Extensive burns of first degree of body, arm and leg, cured in two weeks. First dressing consisted of picrated glykaolin ointment, left on for two days. Removed dressing and part of dead skin. Then dressed with gauze saturated with the following solution: Saturated picric acid, solution one drachm to one pint of warm normal salt solution. This dressing was repeated every second or third day until cured.

This treatment is much cleaner than the old method of carron oil. In all cases of burns of the first degree I find it much more satisfactory.—Wm. Dunton Schrack, M. D., Phoenixville, Pa.

[Written for the MEDICAL BRIEF.]

Geum Album.—In the west this plant is almost specific in the vomiting of pregnancy, used by infusion, and is called "anti-puke weed." I found it specific for bilious vomiting; no bile being vomited after one or two cups of the infusion were taken.

Here it has proven equally valuable in senile diarrhea in the aged, taken as table tea where medicines were refused. Three cases cured; all were past seventy-five years, and were given up as hopeless. It is splendid for children, it having little taste. In bloom this month (July),and prepared, I think, by C. T. Bedford, Indianapolis, Ind.—Harrison Smith, M. D., Buckmanville, Pa.

[Written for the MEDICAL BRIEF.]

Hemorrhage.—In hemorrhage from any mucous surface, adrenalin chloride has never disappointed me. All of us occasionally get hold of a case of epistaxis, hemorrhage from the gums, hemorrhage into the conjunctiva, hemorrhage of the bladder—in short, any mucous surface is liable to bleed, and in some cases difficult to control. In a case of epistaxis, a few weks ago, which had resisted the ordinary remedies, I took two drachms of one to one-thousand adrenalin chloride, put this in half ounce of normal salt solution, and after washing out all clots in the nasal cavity with a Success nasal syringe, slowly injected the amount against the nasal mucous membrane. One application was sufficient; there was no more bleeding. It is safe to use a stronger solution than the above, but the least amount of any drug that will accomplish the desired result is all that is needed.—David A. Stanton, M. D., High Point, N. C.

[Written for the MEDICAL BRIEF.]

Pneumonia.—I obtain good results from the use of carbonate of creosote, creosotal, for children, two grains every two hours, in a malt preparation. Aconite can not be dispensed with. But remember, the tincture usually found in drug stores is useless. I use Merrill's. To allay cough, codeine or heroin. Of the latter, one thirty-second grain, half a grain in two ounces of acidulated water, given two or three times a day, is effective. A jacket of antiphlogistine serves a good purpose. —Hugo Speir, M. D., Rochester, Minn.

[Written for the MEDICAL BRIEF.]

Appendicitis.—Exploratory incision is called for and advised in cases of long standing, occurring in practice, with evidence of ptomaine or other poisoning, where satisfactory diagnosis cannot be arrived at; symptoms varying from unaccountable general nervous manifestations to marked and long standing melancholia. Call in an experienced abdominal surgeon to explore the appendix, with or without history of previous appendicitis. A large experience teaches that nine out of ten will be found in a catarrhal or purulent condition, and removal of same prompt, restoration to health will follow.—Holford Walker, M. D., Toronto, Can.

[Written for the MEDICAL BRIEF.]

Relation of Menstruation to Ovulation.—The removal of the ovaries does not necessitate the stopping of menstruation. It was once supposed that the maturation of an ovule in the ovaries was the necessary accompaniment, and even the cause of menstruation. We know now that ovulation proceeds throughout the whole life, even before birth and during gestation—that the removal of the ovaries by no means necessarily involves a cessation of menstru-

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ation. Regular, and even excessive menstruation, has occurred in cases where there was a congenital absence of the tubes and ovaries.

I have had a case that menstruated up to the time she fell in labor. Women who have never menstruated have become pregnant. Cases are on record where they have had regular menstruation from the ear, stomach, lungs, etc. Young girls who have exposed themselves to sexual relations have stopped menstruating from fear that they might have been pregnated. A stopping of the menstrual flow does not always mean pregnation.—E. L. Ward, M. D., Starrucca, Pa.

[Written for the MEDICAL BRIEF.]

Dentition.—Dentition during the summer months is often accompanied by severe systemic disturbances, such as fever, restlessness, stupor, convulsions, meningitis, indigestion, diarrhea, etc. I have as my favorite prescription for these complicated cases of dentition the following:

℞ Elixir Lact. Pepsin.....4 ounces.
Tinct. Belladonna (fresh plant).1 drop.
M. Sig.: Give five to ten drops every two hours.

This prescription is given as soon as fever and restlessness develop, or when vomiting of curdled milk, with diarrhea, develops. I give it when the gums are swollen and congested, even before any systemic symptoms develop.—D. W. Weaver, M. D., Greensburg, Ind.

[Written for the MEDICAL BRIEF.]

Septic Precautions.—You are hurriedly called, perhaps, to attend a mother in a poor family, who can only afford to have one of those neighborhood nurses to care for her. What is your method of procedure? I will give my method, as it may prove of use to some unless they have a better one.

1. Call for warm water and soap, and thoroughly wash your hands and arms, scrubbing hands with brush, which you will carry in your satchel.

2. Soak your hands for five minutes in bichloride solution (one in one-thousandth).

3. Call for and pin around you a fresh laundried sheet.

4. Do not handle the bed clothes of patient after cleaning hands—let nurse do it for you.

5. Thoroughly bathe vulva with bichloride solution.

6. Make examination for presentation, if you can not do it by external manipulation; everything being right, do not repeat the examination.

7. Deliver woman on side, supporting perineum during passage of head and shoulders.

8. Wait thirty minutes for placenta, gently kneading uterus meanwhile, or taking a necessary stitch in perineum.

9. Do not order douches at all, unless you have a good trained nurse, or attend to it yourself.—A. J. Tenney, M. D., Branford, Conn.

[Written for the MEDICAL BRIEF.]

Lobar Pneumonia.—In lobar pneumonia, with severe toxemia, scanty excretions and weak heart action, I use normal saline solution per rectum. With a fountain syringe, and soft rubber rectal tube I slowly introduce the solution—from a pint to a quart every four or six hours at a temperature of 115° F.

This in no way interferes with other treatment indicated. It supports the heart, dilutes the toxins circulating in the blood and combats toxemia by favoring elimination by the kidneys and skin. A heaping teaspoonful of table salt to a quart of water makes a normal solution, and is a remedy always at hand.—H. M. Wellman, M. D., Blairsville, Pa.

[Written for the MEDICAL BRIEF.]

Appendicitis.—A man twenty-four years of age, with diagnosed appendicitis—case attracted much attention. Repeated counsel—no relief. The sixth day a chill, with other unfavorable features, supposed to indicate pus formation, called for prompt action. An operation decided—slight hopes with or without. Being left alone for the time with the patient in his agony, first gave high rectal douche, one quart water, four ounces epsom salts, four ounces glycerine, one drachm turpentine, with desperate doses alcohol sling, and hyoscyamine by mouth. In less than an hour free evacuations, hard feces (balls), profuse

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perspiration—no pain—no operation. Complete recovery.—C. M. H. Wright, M. D., Blaine, Ill.

[Written for the MEDICAL BRIEF.]

Tonsilitis.—In all cases of sort throat, I give a gargle of

℞ Pulv. Ferri Monsel.....15 grains.
Sig.: Dissolve in an ordinary tumblerful of warm water and gargle every two or three hours.

I believe this gargle, if used in the early stages of diphtheria, will abort that disease, and as we are told by the bacteriologists that the bacillus of that dread disease can be found in the mouths of healthy persons, I think we should always treat our cases of tonsillitis, pharyngitis, gingivitis, etc., with an eye to prophylaxis, as "an ounce of prevention is worth a pound of cure."—W. J. Wolfe, M. D., Chatham, N. J.

[Written for the MEDICAL BRIEF.]

The Electro-Static Machine.

BY J. L. CARTER, M. D.

Maxwell, Ky.

The electro-static machine is now found in the offices of many physicians throughout the United States. The great improvement in the static machine of 1904 over those of fifty (50) years ago has placed the current on a reliable basis, and is bringing this great therapeutic agent from almost total oblivion to the attention of the wide-awake, conscientious physicians. Our text-books on therapeutics do not mention static electricity, except to condemn it, but in the near future they must devote page after page to the practical application of this great remedial agent.

It is not my purpose in this paper to enter into the merits or demerits of any particular make of static machine, but to give a few practical points regarding the operation of one of these useful office instruments. Static electricity is again coming into use after a long period of disuse, due to many causes. First of all the causes, for its loss of popularity being the construction of the machine. The old machines were specimens of poor workmanship, were not enclosed in a tight wood and glass case, hence during rainy weather, or if the machine was located in a damp place, or a place not accessible to sunlight, they were out of use when the owner most needed it, and then the cat's skin brought into use and the glass plates were rubbed to induce the elusive current to return. Considering the make of the old machine, it was wonderful what results the workers in pioneer electro-therapeutics obtained. Then again, the cost of one of these machines was almost prohibitive, therefore but few men owned them, and they did not report their results to the medical press as they should. Electricity has been brought into

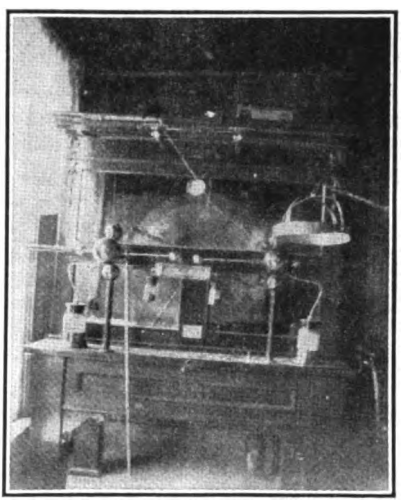

Figure 1. A Toepler-Holtz machine ready for work, showing large and small leyden jars, shepherd's crook and spark muffler. All will be explained in another article.

disrepute by the electric belt fakir and the street fakir with his shocking machine, until physicians were afraid to use this useful therapeutic agent for fear some brother doctor would cry "quack," "charlatan," "commercial doctor," etc., but since the static machine has been constructed by a first-class, practical mechanic, enclosed in a tight case, not air-tight, as is claimed by some manufacturers, for when the manufacturer of a static machine tells the physician the case is air-tight, then the manufacturer

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impeaches the intelligence of any physician. The cases are not air-tight, but as near as mechanical ingenuity can make them; and since the price has been brought within the reach of almost any physician by competition of the manufacturers, electricity is again coming into much deserved use, there being now in the United States about six thousand five hundred machines of various makes. It is not my purpose to enter into a discussion now as to why or how electricity benefits the patient, but will say that we have no known tonic of greater benefit than the static current, and its different modalities generated from a good machine in the hands of a skillful operator. A physician thus equipped has in his hands one of the greatest therapeutic agents of the age. I do not know what electricity is, but suffice it to say, it is a mode of motion akin to heat and light.

In this paper I want to write something that will be of practical importance to the owner, or the contemplated owner, of the static machine. First, I would say, take the statements of a great many static machine makers *cum grano salis*, do not expect too much, your machine is just what you make it. The question is asked in the minds of many doctors: Can I afford a static machine? I would answer by saying: Any doctor can afford to be well-equipped, no difference where you are located, you are not too remote. If you are a cross-road doctor, you will find many roads leading to your office. Before buying your machine, get a few good textbooks on static electricity, such as those published by W. B. Snow, Gottschalk, and read carefully what they say, then when you buy your machine place it in your office or room, if possible in a place where the sun can shine on it at some time during the day. Figure 1 shows an illustration of a static machine ready for work. In this illustration the machine is shown with the large and small leyden jars, the spark muffler and shepherd's crook attached to the machine, the crook going to the platform near the machine; also the crown breeze is, when in position. When using the leyden jars we need not to use the insulated platform. The groundings of a static machine are of great importance. (a) Figure 1 is a wire passing over the top of the machine, and to an iron post or rod down three or four feet in the ground, or until you reach moist earth; the other end of the wire can be attached to either pole of the machine at your pleasure. Near the platform of your machine have another wire attached to a rod similar to the first one, but in a different part of the building to which your chain to your electro can be attached for the return current. The platform (b) figure 1, is an important attachment to a static machine—most platforms are too small. They should be at least four by six feet, mounted on six glass legs eight or ten inches long. The question is asked: "What make of machine?" Each manufacturer claims his special make to be the best. I use a Toepler-Holts machine, and when I keep it free from dust and dirt and moisture I have no complaint to make. Do not forget to keep the dust off of the case on the outside, fixtures and all. As to an artificial dryer on the inside of the case I would say if you have your machine where the sun can shine on and through it for a few minutes each day, you will not need any substance on the inside of the case to absorb moisture. On the other hand, if you can not get sunlight, I advise the use of a few pounds of c. p. calcium chloride, after being baked in a slow oven. Do not boil, and let the disagreeable fumes pass off before you place it in your case; put the calcium in a porcelain dish, cover with two or three thicknesses of cheese cloth to keep the particles of dust from flying about in the case; set the dish in the machine, close the door and revolve the plate slowly, and you will soon have all the moisture absorbed, as this calcium is supposed to absorb the moisture as it enters the machine.

In another article I will give an illustration showing the different electrodes used in the practical application of electricity to the body.

The BRIEF grows better with each number. Doctor, you need no defense against the green-eyed journals. The BRIEF is its own defense.—M. S. CRANE, M. D., Newark, N. J.

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[Written for the MEDICAL BRIEF.]

Some Remedies of Plant Origin That Impress the Uterus.

BY W. E. BLOYER, M. D.,
Cincinnati, Ohio.

Every physician of much experience observes the frequency of functional and structural wrongs in the uterus, both in the married and unmarried women that come under his medical care. And because of the meager knowledge of remedies directly applicable to these diseases, and the consequent failure and dissatisfaction in their treatment, faith is lost in medicine and the aid of the curette, or other surgical, or manipulatory measures, are sought. Having faith in the remedies hereinafter mentioned, we thought a word or two pointing to their distinctive and special uses might prove interesting and profitable to the readers of this journal.

We would ask for them, of those who have never used them, a fair trial. "One swallow does not make a summer," nor does one trial of a remedy prove or disprove its value. Incidentally we shall insist that the preparation of the remedy used be reliable, not made from plants inert through age or other infirmity. The cases for their administration should be properly selected, and the proper dose for each individual case should be determined, as some people are very much more susceptible to particular drug influence or action than are others. They should be given in such sized doses as will produce their medicinal action, which is, in most cases, an action separate and apart, greater or less—(most frequently much less)—than their physiological action. Study them with these points in view and we will be satisfied with the results.

The remedies named are all of vegetable origin, and have been used for years. Their history, botany, chemistry, etc., need not be made a part of this paper, because they can easily be obtained from books and journals within the reach of all physicians.

Helonias Dioica (False unicorn).—This is an old remedy and a valuable one. It is one of the best "uterine tonics" with which we are familiar. It is peculiarly adapted to that extremely large number of women who come to the physician complaining of "that tired feeling," especially after slight exercise; of pain in the back, in the thighs and down the limbs. The helonias woman tells you that there is great weight and fullness in the pelvis; that she feels "as if everything will drop out." There are lumbar and ovarian pains, and general weakness. Add to these symptoms restlessness, mental irritability and depression. Examination will show pale, full, flabby tissues, a tendency to leucorrhea, etc. The helonias case is below par, it needs a general bracer.

Helonias has an emmenagogue action that is best shown when the general condition is as above described, and the flow is accompanied by a "full feeling" and "bearing down pains." Frequently, helonias will relieve the nausea and vomiting of pregnancy when other remedies fail. It has, besides these tonic effects, a diuretic action, relieving strangury and other cystic troubles in the female. The dose should vary with the preparation used and with the patient in hand: the remedy should be continued for some months. A good plan is to drop it occasionally for a week and substitute one of the remedies named below.

Senecio Aureus (Life root).—This remedy is beneficial in nearly the same class of chronics. There is the same heaviness and fullness. There is vertex or cerebellar pain, a purulent, cervical leucorrhea, dysmenorrhea; or perhaps menorrhagia, sterility or subinvolution, with the usually accompanying ovarian pains and complaints. In the so-called "chlorotic" young woman senecio is usually *the* remedy.

Senecio, besides, has a specific action upon the kidney and bladder troubles that so frequently accompany uterine disorders. It relieves tardy, difficult, frequent urination, tenesmus, or an involuntary flow. It increases the amount of urine and lessens the stinging and burning, due to the irritation caused by a scanty secretion—a urine that is concentrated—and in which there is a turbid, mucoid or "brickdust" sediment, the so-called "gravel" case. It tends to restore to the

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normal, increased or diminished, as it may be, a perverted sexual appetite. This is, no doubt, done indirectly through its general tonic effects. That it is a remedy having a special action upon the genito-urinary apparatus, is proven by the beneficial effects that follow its administration when given to men, when complaining of weight, heaviness, etc., in the perineum, dull pain in the testicle and cord, together with urinary complications along the lines indicated above.

Fraxinus Americana (White ash).—We have used this remedy with much satisfaction for a number of years. It is not a new remedy. The homeopaths have been using it in various ways for a long time. It will not cure all cases of subinvolution of the womb, nor will any other remedy. We believe, however, that fraxinus meets fully the specific conditions presented by a large majority of these cases. Like the remedies mentioned above, it acts best in atonic cases. The complaints are about as above, pelvic distress, weight and fullness; profuse and too frequent menstruation. It relieves plethora and congestion and hypertrophy. Frequently of late we have been giving with it, or in alternation with it, appreciable doses of phytolacca for their specially stimulating effects upon the lymphatics. We are pleased with fraxinus, and use it very frequently.

Tiger Lily.—This is another remedy for languid, easily prostrated, long-suffering, always-suffering woman, with faulty womb and ovaries. Her troubles are now chronic. They once were acute. They, no doubt, began as an acute ovaritis, a metritis, an endometritis or vaginitis, etc., etc. They have continued until they have made her a physical wreck, and if they be not soon relieved she is sure to become a mental wreck, a subject for the mad house. She is restless, cross, irritable, excitable; nothing satisfies her; she cries easily and frequently. Her complaints are so many and have continued so long that they have become almost indescribable. But she will tell you it is her womb and ovaries; that there is fullness, pain, trembling, rumbling, soreness, etc. She is wretched. Her ailments are uppermost in her mind, and she wants to tell them to everybody. She needs help, and usually the physician knows of but few remedies that will help her. We recommend tiger lily. Doses too large and too frequent may produce ill effects, shortness of breath, palpitation of the heart, etc. Try it and you will find its action to be very satisfactory.

We might add to this list macrotys, aletris, pulsatilla, viburnum, black haw, mangifera indica, gossypium, etc., etc., but space forbids. We recommend them all as uterine remedies. They bring relief to the patient; they strengthen and prosper the doctor. They will not do impossible or improbable things. They will not do the work of the operating gynecologist when that work is once demanded; but frequently these remedies, when given, will so change conditions that a case which is going directly toward an operation will about face and be fully restored by medical measures. Time is needed, and patience and perseverance are necessary both upon the part of the patient and the physician.

We fear that too frequently the complaints of many of these poor women are covered by the diagnosis of hysteria, and they are allowed to suffer, as they do not die; or a placebo is given them; or, worse, quieting agents are administered. These last vary greatly, and they all lead to harm. They directly or indirectly lead to drugs or drink. The "coke" and morphine fiends among women are (a great majority of them) made so because of womb troubles not treated, or wrongly treated. Many men and most women drunkards are so indirectly because of disease and the doctor.

22 West Seventh Street.

[Written for the MEDICAL BRIEF.]

Pontifex Maximus.

BY E. J. KEMPF, M. D.,
Jasper, Ind.

Edward Bulwer Lytton, in his "The Last Days of Pompeii," speaks of Arbaces as follows: "It was a man who had scarcely reached his fortieth year, of tall stature, and of a thin but nervous and sinewy frame. His skin, dark and bronzed, betrayed his Eastern origin, and his features had something Greek in their outline (especially in the chin, the lip,

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and the brow), save that the nose was somewhat raised and aquiline, and the bones, hard and visible, forbade that fleshy and waving contour which on the Grecian physiognomy preserved even in manhood the round and beautiful curves of youth. His eyes, large and black as the deepest night, shone with no varying and uncertain luster. A deep, thoughtful and half melancholy calm, seemed unalterably fixed in their majestic and commanding gaze. His step and mien were peculiarly sedate and lofty, and something foreign in the fashion and the sober hues of his sweeping garments added to the impressive effect of his quiet countenance and stately form."

This may be considered a very fair description of "Pontifex Maximus." One of the priests is described as follows: "The countenance of the priest was remarkably unprepossessing—his shaven skull was so low and narrow in the front as nearly to approach to the confirmation of that of an African savage, save only towards the temples, where, in that organ styled acquisitiveness by the pupils of a science modern in name, but best practically known (as their sculpture teaches us) amongst the ancients, two huge and almost preternatural protuberances yet more distorted the unshapely head; around the brows the skin was puckered into a web of deep and intricate wrinkles; the eyes, dark and small, rolled in a muddy and yellow orbit; the nose, short yet coarse, was distended at the nostrils like a satyr's, and the thick but pallid lips, the high cheek bones, the livid and motley hues that struggled through the parchment skin, completed a countenance which none could behold without repugnance, and few without terror and distrust; whatever the wishes of the mind, the animal frame was well fitted to execute them; the wiry muscles of the throat, the broad chest, the nervous hands and lean gaunt arms, which were bared above the elbow, betokened a form capable alike of great active exertion and passive endurance."

In speaking of the education of one of his priests, Arbaces is made to say by Bulwer Lytton: "Of late he hath shunned my steps; I must find him; I must continue my lessons; I must lead him into the adytum of wisdom; I must teach that there are two stages of sanctity—the first, faith, the next, delusion: the one for the vulgar, the second for the sage." * * * "I believe at this day (not indeed that which I teach, but that which I teach not), Nature has a sanctity against which I can not (nor would I) steel conviction."

In trying to educate one of his priests Arbaces speaks as follows: "You ask me, or would do so, the mightiest secrets which the soul of man is fitted to receive; it is the enigma of life itself that you desire me to solve. Placed like children in the dark, and but for a little while, in this dim and confined existence, we shape out spectres in the obscurity; our thoughts now sink back into ourselves in terror, now wildly plunge themselves into guileless gloom, guessing what it may contain, stretching our helpless hands here and there, lest, blindly, we stumble upon some hidden dangers; not knowing the limits of our boundary, now feeling them suffocate us with compression, now seeing them extend far away till they vanish into eternity. In this state all wisdom consists necessarily in the solution of two questions: 'What are we to believe? and, What are we to reject?' These questions you desire me to decide."

"Man must have some belief," continued the Egyptian, in a tone of sadness. "He must fasten his hope to something: it is our common nature that you inherit when, aghast and terrified to see that in which you have been taught to place your faith, swept away, you float over a dreary and shoreless sea of incertitude, you cry for help, you ask for some plank to cling to, some land, however dim and distant, to attain. Well, then, listen. * * * Dismiss at once from your recollection, from your thought, all that you have believed before. Suppose the mind a blank, an unwritten scroll, fit to receive impressions for the first time. Look around the world, observe its order, its regularity, its design. Something must have been created; the design speaks a designer. In that certainty we first touch land. But what is that something? A god, you cry. Stay, no confused and confusing names. Of that which created the world, we know, we can know, nothing save these attributes: power and unvarying regularity;

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stern, crushing, relentless regularity; heeding no individual cases, rolling, sweeping, burning on; no matter what scattered hearts, severed from the general mass, fall ground and scorched beneath its wheels. The mixture of evil with good, the existence of suffering and crime, in all times have perplexed the wise. They created a god—they supposed him benevolent. How then came this evil? Why did he permit—nay, why invent, why perpetuate it? To account for this, the Persian creates a second spirit, whose nature is evil, and supposes a continual war between that and the god of good. In our own shadowy and tremendous Typhon, the Egyptians image a similar demon. Perplexing blunder that yet more bewilders us! folly that arose from the vain delusion that makes a palpable, a corporeal, a human being, of this unknown power—that clothes the Invisible with attributes and a nature similar to the Seen. No! to this designer let us give a name that does not command our bewildering associations, and the mystery becomes more clear—that name is Necessity. Necessity, say the Greeks, compels the gods. Then why the gods? Their agency becomes unnecessary; dismiss them at once. Necessity is the ruler of all we see; power, regularity, these two qualities make its nature. Would you ask more? You can learn nothing: whether it be eternal, whether it compel us, its creatures, to new careers after that darkness which we call death, we can not tell. Then leave we this ancient, unseen, unfathomable power, and come to that which to our eyes, is the great minister of its functions."

In speaking of ancient priesthood, Lytton says: "In the earlier times of Rome the priesthood was a profession, not of lucre but of honor. It was embraced by the noblest citizens; it was forbidden to the plebeians. Afterwards, and long previous to the present date, it was equally open to all ranks; at least that part of the profession which embraced the flamens, or priests—not of religion generally, but of peculiar gods. Even the priests of Jupiter (the Flamen Dialis), preceded by a lictor, and entitled by his office to the entrance of the Senate, at first the especial dignitary of the patricians, was subsequently the choice of the people. The less national and less honored deities were usually served by plebeian ministers; and many embraced the profession as now the Roman Catholic Christians enter the monastic fraternity, less from the impulse of devotion than the suggestions of a calculating poverty. There is no profession so lucrative as that which practices on the superstition of the multitude."

Concerning the character of Arbaces, "Pontifex Maximus," Lytton writes as follows: "In him, the son of a fallen dynasty, the outcast of a sunken people, was that spirit of discontented pride, which ever rankles in one of a stern mould, who feels himself inexorably shut from the sphere in which his fathers shone, and to which Nature as well as birth no less entitles himself. This sentiment hath no benevolence; it wars with society, it sees enemies in mankind. But with this sentiment did not go its companion, poverty."

Surely, Bulwer Lytton had but a poor opinion of the ancient priesthood. Let us examine history in order to be able to judge whether Lytton was not too severe or too bigotted in his strictures:

Pausanius, a Greek traveler and geographer and author of a "Guide Book to Greece," in ten volumes, dated about the year A. D. 175, gives us the best description of ancient history concerning temples and lesser shrines, often with interesting and curious details as to local traditions and ceremonies. In Book I, he states that the oldest temple devoted to the cure of the sick was located at Memphis, Egypt, as far as he could discover. This was what we would now call a hospital. Diseases were treated at that time much as they are now. The cause of the ailment was sought, and as nearly all causes of diseases were attributed to the displeasure of the gods, of course, it behooved the ancient priest-doctors to cure their patients by appeasing the ill-temper of the gods whom the patient had offended.

The temple of that period of time was an austere place. Music was not allowed, the priests never laughed; indeed, hardly ever did they smile, no matter how ludicrous the scene presented itself to their educated minds.

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Caylus, the French archæologist, assures us that melancholia was the normal condition of the ancient priest's mind. An advance of the science of medicine could hardly be expected under such circumstances, and the little that the priests knew about the healing of the sick they had probably inherited.

Diodorus, a Greek historian, wrote a work, "The Library," which was a universal history in forty volumes, from the beginning to B. C. 60-59. In his works he tells us that the ancient priests were much respected, and that in many countries they held the ranks of kings and princes. Herodotus, the historian, speaks of a "Pontifex Maximus," and of ordinary priests. In later times, further divisions were made of the priesthood, after the cult extended, and, no doubt, a system was adopted similar to our Pontiff, cardinals, archbishops, bishops, abbots, priests, and brothers. Medicine and religion was the object of their cult.

Clemens of Alexandria describes a procession of priests as follows: "First came the Singers carrying harps, next were the Horoscop carrying palms and sun-dials, as symbols of astrology, next came the Scribes, carrying a book, a pen, a ruler, and some ink, next came the priests carrying various instruments used in the arts as then known, and last came the prophet with his assistants carrying a chalice."

Clemens tells us that the priests of the lower class tended to the sick, and that they acquired their knowledge from the assistants to the prophet, and from books, of which they had six. One of these books described the human body, probably anatomy, another treated of chirurgery, another taught remedies and remedial procedures, another was about the eye, another concerned diseases of women, and yet another delineated matters about diseases, demons, etc. If the priests failed either to cure or to make an impression on the patient, then the priests of the higher class were called upon to practice magic, sorcery, and other arts. The prophet foretold the future, and managed the temple. The scribes taught the young under the direction of the prophet and his assistants."

From Herodotus we learn: "The Orders to which the priests belonged were governed by strict rules enforced by means of oaths and penance. Cleanliness being next to godliness was strictly enforced. Twice a day and oftentimes twice a night the priests were required to take baths. Every three days the hair on the head was clipped, and only in cases of great sorrow was the hair permitted to be worn long." Castration, with the object of celibacy, was performed by the ancient priests or monks," and Clemens states that "Pythagoras, the philosopher, was made an eunuch."

Herodotus writes, "that the clothes of the priests were made of linen or cotton, and that the wearing of woolen goods was strictly forbidden. Many of the priests wore clothes similar to those worn by the women of that period of time."

(To be continued.)

A Series of Extracts from Rosenbach's Book, "Physician Versus Bacteriologist."

I.

THERAPEUTIC FASHIONS AND MISTAKES.

The true psychological law, which is based on the physiological law that variety is the spice of life, is of greatest importance to the therapeutic views of the physician, inasmuch as therapeutic fashions after all depend upon it just as much as do all visible processes of daily routine denoted by the term "fashions," which sometimes quite suddenly, sometimes after a period of preparation, relieve each other with greatest regularity.

The history of medicine teaches that after a method of treatment has been in fashion for awhile, it has been followed by a method based on exactly opposite principles; it further demonstrates that all these contrasts have been upheld by their fanatic adherents with the same fervor, and under cover of apparently equally unassailable statistics.

With few exceptions every new method is vigorously attacked at its debut, and later on, having once acquired followers among former opponents, is praised as infallible, the most astonishing results being ascribed to it, until subsequently, while it is still in the limelight of appar-

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ent success, doubts are cast upon it, and it is finally, with the same enthusiasm, supplanted by a new method.

Methods apparently safely anchored in favorable results will be abandoned when they are not based on truly scientific principles, obtained by observation at the bedside, and we can prophesy with no chance of missing that a change is bound to come also in regard to a method quite popular now which is simply the expression of certain results of laboratory investigations.

This prediction is based upon the history of therapeutic fashions and mistakes.

A retrospective glance at some of the most prominent therapeutic methods, each in its time received with unbounded enthusiasm, will show that what was looked upon by so many of the profession as the symbol and nature of true therapy, was too frequently naught but arabesques, in which a minimum of content is observed, and made to appear large by a mass of filigree work foreign to the substance, serving only to veil the kernel in the center.

Certain complicated formulæ which throw a halo around certain methods, allegedly mastered in their entirety only by the initiated, are nothing but superficialties, serving as a basis to minds that adhere to catchwords and formulæ.

In a number of therapeutic methods which have readily acquired citizenship under the flag of a scientific foundation, the scientific premises are either entirely untenable, or not proved, nor capable of demonstration.

A method which has stamped its trademark upon the new era is antisepsis. Who fails to recall the fanaticism which, in the beginning of the new era, proclaimed every detail of the method as absolutely indispensable to the success of the operations? Who at the time would have dared to think that the antiseptic spray, the drenching of the wound surface with the most concentrated antiseptic drugs, the handling of the tissues with various chemicals, the continuous covering of wounds with carbolic acid lint, the most complicated bandages were nothing but a mass of details, confused attempts to employ a true principle with the exaggerated application of theoretical maxims.

What remains of all these details at the present day? Antisepsis proceeded on its road to asepsis, but before the simplicity of asepsis was reached, those were decried as heretics who made light of carbolic acid and the spray.

The spray is abolished. With satisfaction, not unmixed with pain at the former mistakes made by the fanatics of antisepsis, we observe that poisonous antiseptics are now used in small quantities, and brought into contact with tissues in selected cases only, this because the conclusion has been arrived at that many cases of death and complications in confinements and in surgical operations are not due to the actions of Nature, of the fight of carriers of infection with the body, but to the deleterious by-effects of antiseptics which are not only bacteriocids, they may also act as tissue destroyers or protoplasm poisons.

Some time ago internal medicine seemed destined to experience a brilliant revival in therapeutics. Based upon confidence gained in the surgical field by antiseptic methods, salvation was sought for in parasiticidal remedies of high potency. Without hesitancy, antibacterial methods were carried into the domain of infectious diseases, and the search for microbe-destroying antiseptics began with results that forced upon us the conviction that, in spite of all beautiful theories, remedies which have achieved brilliant effects in the laboratory not only prove ineffective in therapeutics, but are positively harmful.

The human organism is not a limited nutritive ground in the experimental sense.

Ever-active tissue metamorphosis brings continuously fresh nutrient material, unless, which is rarely the case, the morbid areas are eliminated from the circulation, and cut off from vascular supply, and from the lymphatic system.

Find enclosed one dollar for which continue sending the BRIEF. I can not well get along in my practice without it. A good tree brings forth good fruit.—JNO. H. SENIFF, M. D., Crystal, Ind.

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[Written for the MEDICAL BRIEF.]

Snake Poison and Its Treatment.

BY MORRIS B. RICE, B. S., M. D.,
Udall, Mo.

In the mind of the general public, all "snakes" are considered dangerous to human life, and I regret to say many otherwise highly educated physicians hold a like opinion. As a matter of fact, the vast majority of serpents of this country are harmless, there being but two families of venomous serpents indigenous to the United States, the elapidæ, confined principally to Florida, and there known as "coral" snake, and "candy-stick," and the crotalidæ, embracing the moccasins, copperheads, and the several species of rattlers.

The distribution of the poisonous snakes are more or less limited, and the species are by no means common.

The deadly poison which for ages has inspired the human mind with dread and wonder by its mysterious apparent invariability, as well as by its fatal results, quite early became a subject of study and speculation among the sages and seers of old. The wise men and the doctors speculated upon the nature of the fatal fluid, while to the seers the dreaded reptile and its strange poison was an effective instrument when deftly used among the ignorant and superstitious. It was believed to possess a charmed life to work all manner of evil; its oil, when prepared by a seer, was supposed to cure all sorts of diseases, while one who kept live snakes in his habitation was looked upon as a wonder, and was often feared.

Very little of importance was discovered concerning the nature of this poison until 1843, when Prince Lucien Bonaparte seems to have been the first to make a chemical analysis of viper poison. The result of his analysis showed that it is albuminoid or proteid in its nature.

The writer of this paper has also made an extensive study of the poisonous serpents of the United States, and has analyzed many species of crotalidæ, with practically the same results as those of Bonaparte.

Nearly twenty years after the Bonaparte analysis, the now world-renowned Dr. S. Weir Mitchell began a study of the poison of the rattlesnakes. Dr. Mitchell's experiments were the stimulus for many able investigators, and the subject of snake poison was pretty well studied, yet we are no more than just over the threshold of a knowledge of the deadly venom.

In substance, the poison is a more or less yellowish, sticky transparent fluid, without any appreciable taste or smell; in exceptional cases it is said to be colorless. It is easily soluble in water, but insoluble in alcohol or ether; if vigorously shaken, it becomes frothy.

Examined under the microscope, we find epithelial cells, and many other impurities, also certain albuminoid bodies resembling certain micro-organisms, but they do not respond to dye tests for bacteria, nor do they multiply by culture.

When preserved in pure alcohol or glycerine, the venom retains its properties for an indefinite length of time; when dried and kept from atmospheric humidity, it is equally permanent. It dries somewhat like a gum or varnish, and will crack and scale off in a like manner. On account of its retention of its poisonous properties, I would advise caution when handling the dried venom.

The treatments for snake bite are manifold, many of them being absolutely worthless. However, in the last few years several remedial agents have been tried with signal success, the most prominent of which is a poison as terrible and deadly as the snake venom itself, to-wit, strychnine.

The theory of the strychnine treatment is simply this: snake poison is believed to be a specific nerve poison, enfeebling and, to a certain extent, suspending the function of the motor nerve centers throughout the body, without interfering with the structure of the nerve cells, while the physiological action of strychnine upon the same organs is exactly the reverse, or, rather, opposed to the action of the venom. In other words, strychnine is the exact antithesis of snake poison in its action.

The strychnine should be given in exceedingly large quantities hypodermically while the patient is closely watched for

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relapses. The quantity and the intervals between the doses must be left to the judgment of the attending physicians, as they depend on the amount of poison absorbed, and the time elapsed since its inception, but it may be put down as a principle that the antidote must be administered freely, and without regard to the quantity that may be required to develop symptoms of its own physiological action; there is more danger of death ensuing from not giving enough, than from giving too much. In all cases, distinct strychnia symptoms must be produced.

The action of the antidote is prompt and decisive, and further measures can be decided on within fifteen or twenty minutes after the first injection. When the poison symptoms show no abatement within twenty minutes after the first injection, a second injection of same strength should be made promptly. Very urgent cases sometimes require as much as twenty minims of liquid strychniæ (P. B.), in persons over fifteen years old. Strychnine has no cumulative action when used as an antidote, and no fear of violent after effects need be entertained. In India and Australia this treatment is considered the remedy *par excellence.*

How the venom is eliminated from the victim's system is not just exactly known, as no extensive experiments have been made along this line. Very likely the kidneys are the most important organs in the work of elimination.

Certain chemicals, as ferric chloride, permanganate of potassium, iodine, and chromic acid, have also been found to be of great value in the treatment of snake poison. Alcohol and other heart stimulants of like nature are more or less beneficial in the majority of cases.

In all cases of snake poisoning it is a good plan to keep the kidneys active, and to thoroughly wash out the stomach.

It is hardly necessary to add that the strychnine treatment should never be attempted by anyone other than a competent physician.

Enclosed find one dollar express money order, which please place to my credit for subscription to the MEDICAL BRIEF. I can not do well without it.—O. E. PARKER, M. D., Slidell, Ia.

[Written for the MEDICAL BRIEF.]

The Morphological and Psychophysical Intrinsicalities of the Negro Race.

BY N. B. HERRING, M. D.,
Wilson, N. C.

Doctor Austin Flint, in his work on "Human Physiology," says, "At the present day we are in possession of a sufficient number of positive facts to render it certain that there is and can be no intelligence without brain substance; that when brain substance exists in a normal condition, intellectual phenomena are manifested with a vigor proportionate to the amount of matter existing; that destruction of brain substance produces loss of intellectual power, and, finally, that exercise of the intellectual faculties involves a physiological destruction of nervous substance, necessitating regeneration by nutrition here as in other tissues of the living organism. The brain is not, strictly speaking, the organ of the mind, for this statement would imply that the mind exists as a force independently of the brain; but the mind is produced by the brain substance, and intellectual force, if we may term the intellect a force, can be produced only by the transmutation of a certain quantity of matter."

A theory more in accord with reasonable inquiry has been advanced by Dr. William Draper in his dynamical physiology, and while it sheers off a little from the strictly scientific, it makes a less abrupt jar upon that great law of intelligence, which demands for every new appearance a cause.

In the case of brain and mind, we have an immaterial effect from a material cause, and unless we admit that the material and immaterial are interchangeable, it is difficult to accept Dr. Flint's assurance that "The mind is produced by the brain substance."

Draper's idea is that the mind uses the brain as a tool, and says: "Thus it may be proved that those actions which we term intellectual do not spring from mere matter alone, nor are they functions of mere material combinations; for, though it is indisputably true that the mind seems to

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grow with the bodily structure, and declines with it, exhibiting the full perfection of its powers at the period of bodily maturity, it may be demonstrated that all this arises from the increase, perfection, and diminution of the instrument through which it is working." A theory still more in accordance with facts and experience would make brain the material, and efficient cause of mind, leaving formal and final causes to sources outside of and beyond brain substance.

An absolute commencement being inconceivable, that great law of intelligence which demands for every new appearance a cause, would require of brain something or other, some kind of an hypostasis, outside of itself, by means of which the brain cells are enabled to produce intellectual phenomena. It is true that certain constituents of milk and bile are said to be produced *de novo* in the mammary gland and liver, but this can be no more than a transformation of one material substance into another which did not exist previously.

The elements of matter being indestructible, any transformation of material into immaterial substance is impossible, and hence mind can not be the product of brain action alone. Strict physiological investigation confining itself to the tangible and ponderable—to weights and measures—must either abandon its inquiry into the most important function of the brain, or it must call in the aid of philosophy to bridge the gap between material and immaterial substances.

On this line we can begin to comprehend the brute mind, the instinct of the honey-bee, the savage nature of the bulldog, and the intelligent aid of the collie. On this line alone is it possible for us to conceive of the forces working in the internal structure of those insects whose habits naturalists have pointed out as closely resembling the communal services of men. On no other line is it possible for us to understand the differences in the characters of human beings—the difference in races, the civilization of one part of mankind and the savagery of another.

If the material and immaterial are so constituted as to prevent the formation of compounds, they can at least form partnerships, and work in unison, each one attending to its own duties, each one dependent upon the other for its power, and each one helpless without the aid of the other. Thus, the law of gravitation would be no law without matter to act upon; the forces of chemical affinity could not exert their powers deprived of the elementary principles, and life itself would have no manifestation in a realm of the immaterial. But to assert that "There is and can be no intelligence without brain substance," is a step beyond the legitimate field of science.

If mind had no existence prior to brain, then brain substance is only a fortuitous combination of molecules and atoms brought together by a blind chance, without purpose, and existing only under the law of the "survival of the fittest." And to grant this would be to give to brain a power only permitted the Deity—to create something out of nothing. Brain matter then must have some power within itself, of drawing upon some source outside of itself, for those phenomena we term intellectual.

This conclusion is the result of that form of reasoning known as evidence by denial, or a system of exclusion which denies to brain those powers of secretion and excretion which are the legitimate functions of other organs in the body. Electricity is undoubtedly a force in Nature, yet we never see manifestations of it except when controlled by a controlling matter; and electrical force, like intellectual force, can be produced only by the transmutation of a certain quantity of matter. It is as immaterial, so far as we know, as mind itself, and bears the same relation to matter that mind does to brain substance.

It is true that very dissimilar combinations of matter can be made to develop the phenomena of electricity, while brain substance alone is able to develop mind. Still, this can be no argument against the analogous relations of the two when we take into consideration that one is developed from an organism, and the other from lifeless matter. That electricity occupies space between material bodies is not disputed, and, moreover, it may be concentrated and stored up by machines and used at will, or it may be transferred from one body to another, and

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held, or it may be allowed to dissipate itself again into space.

All admit that the dynamo is the efficient cause of the power developed from the intangible, incorporeal and subtle electric fluid; but the dynamo no more creates the electric fluid than the brain creates mind. The dynamo simply collects into an individual charge, from the great source of supply, and makes manifest the spark or current, just as a supply of fuel concentrates into the cheerful blaze a portion of the heat of the universe, just as the brain collects from the great and universal mind that which we call the ego, the person, the individual, the beast, bird or fish.

The analogy between the action of brain substance and the electrical machines is strengthened by the powers of different brains, and the currents of different machines.

Not only does the power of the electrical machine depend upon its size, shape and construction, but it depends upon the material of which it is made, and the quality of that material. A very large machine may, by faulty construction and indifferent material, produce a very feeble current, while a smaller machine of finer material and better construction will produce a very powerful current. And so, a very large brain may be defective in intellectual power, on account of the quality of the matter of which it is composed. The largest brain on record was that of a congenital imbecile who died at the age of thirty. His brain weighed seventy and one-half ounces. Dupuytren, the celebrated surgeon, had comparatively a small brain; so had Daniel Webster.

Winchell, in "Preadamites," says, "One of the most important of racial distinctions is the relative density of the cerebral substance. It has not been possible, as yet, to reach exact results in this particular; but it is ascertained that the brain of the Germans is less dense than that of the European nations generally; and it is agreed that the quality of the brain in inferior races is not equal to that of the superior races."

If brain substance has the power to reach out into the infinite, and collect a portion of the intangible, incorporeal, and ineffable essence of the universal mentality, or, if the uncaused thinking principle of the universe has caused atoms and molecules to arrange themselves into a substance, a tool as it were, by means of which the separated ego, the individual mind may work and contrive for its own interests and happiness, in other words, if this theory of brain function be true, then the psychical life of every creature is determined solely by the size, shape and quality of its brain; and to say that any creature—man not excepted—can be other than just what it is, is to say that its brain matter can be changed by the creature itself.

That character is determined by brain is proved in so many ways, argument would seem superfluous were it not that men refuse to abide by reason and experience. Hundreds of instances are recorded where the whole character of the man has been permanently changed by injuries to the brain. The honest man has been changed into a thief; the truthful man into a liar; the moral man into a libertine; the industrious man into a vagabond, and *vice versa*. Insanity is now recognized by physicians as the effect of brain lesion, and idiocy we all know to be a defect in brain substance. Horsemen well know that the vicious habit of balking is often cured by a smart blow over the head, causing slight concussion of the brain.

The question, as to what the mind is, has been answered by some as "a mode or motion, a phenomenon dependent upon the movement of molecules, the result of isomeric and metameric chemical changes in the brain." If the mind was visible, tangible or ponderable, this explanation might be considered, but the metameric and isomeric changes in chemical combinations deal with matter alone, and can not be brought up as examples to illustrate relations between material and immaterial substances. Any theory as to the movement of molecules setting up phenomena *de novo* is gratuitous, and must be assigned to the regions of dogmatism.

(To be continued.)

I send one dollar for the BRIEF for 1904 not wishing to do without it.—GEO. E. BUTCHER M. D., Mauricetown, N. J.

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[Written for the MEDICAL BRIEF.]

A Useful Remedy.

BY J. C. BALLARD, A. B., M. D.,
Natchez, Miss.

During the twelve or thirteen years of my practice in this locality, I have been induced to try many "ols," "ines," etc., also many of the newer proprietary remedies as they were presented to the profession, and lauded in the journals. With the exception of possibly half a dozen, each has passed into the great army of "cut outs."

I use only a few medicines that are not in the "official" list, and it is anent one of that famous six that I am writing this article. I am firmly persuaded that the physicians practicing in the lowlands of Mississippi, Louisiana, Arkansas and Alabama are not acquainted with the virtues of the Virginia fringe tree bark in the treatment of certain conditions very prevalent in this locality, and it is to them that this article is especially directed.

There has been a great deal said of late about the "specific" virtues of the cinchona alkaloids in the treatment of all forms of malarial cachexia. This is exactly what we would expect from people who write for text-books, but who have never lived years within the zone of highest malarial activity. But as this paper is not a treatise on malaria, it will not be necessary to go further into details. I desire to touch on the after conditions of this prime cause, rather than on the cause itself.

When I first began to practice here, I had a great many cases that I would temporarily relieve with a dose of calomel and podophyllin. This would have to be repeated in a few weeks, and my patients would not be entirely well in the meantime. Some of them were chronic pill-takers, using each one his own peculiar patent article, but none were ever entirely well.

Another class were sufferers from intestinal indigestion, that most interesting yet intractable disease. The third class were the chronically constipated—the cascara and "red raven splits" fiends.

A fourth class were regular dyspeptics—the users of "bitters," "pepsins," etc. Still another class were the men and women who think they have rheumatism and "kidney trouble," so vividly and nauseatingly described in the daily press. A final class were those who were fully persuaded (from daily papers, of course) that they had incurable cases of "catarrh."

Now let us consider these cases as a whole, and by remembering the ever-present malarial cachexia, and the tendency to hepatic torpor, what a flood of light falls on the multitude of symptoms that are presented. When we remember what an important part the digestion plays in the organism, we are ready to look at the weak spot. Torpid liver is always present in malarial countries. Even the text-book writers admit that much. Now consider the functions of the bile—I will name only the five principal ones:

1. It alkalinizes the acid contents of the stomach as they pass the pylorus.
2. It is an antiseptic.
3. It aids peristalsis.
4. It converts starches into sugar.
5. It emulsifies the fats. For our purposes this is enough. Consider the bowel filled with an acid mixture, and this mixture passing the entire small bowel in that condition. There is fermentation, gaseous distension of the bowels, poor nutrition, sallow skin, clay stools, pains almost rheumatic in severity throughout the lower limbs, an ever-present headache, coated tongue, muddy conjunctivæ, and many other such symptoms. These people go on till they are ready for the bed, then take a dose of calomel, or some other favorite "liver pill." This gives a temporary relief, and is often repeated till the effect of the remedy used is lost. How can we cure these people?

First strike at the prime cause. If we can induce the liver to act naturally, without purging, nausea, or other discomfort, we have the case in hand. Induce the liver to pour out a sufficient supply of bile, to thoroughly change the acid chyme into the alkaline chyle, and the symptoms begin to rapidly disappear. The distension disappears, the stools change from light clay to dark brown color, the eyes clear up, the appetite improves, the mind is no longer dull and apathetic, there is no pain in the limbs or

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head. The drug that in my hands has been most happy in its effect is American fringe-tree bark, or rather a tincture made from the bark. I have tried the U. S. P. fluid extract, also a tincture made from it, but it has not been so satisfactory or so uniform in its effect as a preparation made in St. Louis, and sold under the trade name of chionia. This preparation is rather pleasant to the taste, and entirely uniform in strength. It combines nicely with other preparations, and the mineral acids, when they are indicated.

In the following cases, chionia was used in all but Nos. 2 and 3. They were first placed on it, and were benefited, but later used the regular tincture with but little effect.

Case 1.—Mr. G, aged forty-five. Had been sick two years, history of constipation, clay-colored stools, alternating with diarrhea; offensive yeasty discharges. Had been treated by several physicians without benefit. No other satisfactory history. Examination showed a poorly nourished man, sallow complexion, jaundiced eyes, foul breath, coated tongue. Pulse, eighty-five; temperature normal. Easily tired. Urine practically normal, as were heart and lungs. Placed on chionia half hour before meals. Rapid improvement, and discharged cured. He continued the use of chionia for nearly two months, and has had no return of his trouble for the past three years. He is at work all the time, and says he feels well.

Cases 2 and 3.—A husband and wife. History similar to Case 1, except there was an enlargement of the tongue, with indentations of the teeth all across front and along each side. They felt improved by using the drug, but quit before a cure was effected. They have neither one been in bad health since using the drug.

Case 4.—Typical case of intestinal indigestion, with constipation. Chionia in teaspoonful doses combined with five drops of dilute nitro-muriatic acid ten minutes before each meal. Rapid improvement, and discharged cured. She continued the chionia alone for several weeks, gradually abandoning it.

Case 5.—Chronic constipation, due to inactive liver. Frequent spells of headache, with nausea. Rapid improvement followed the use of chionia.

Case 6.—Diarrhea, and gastric indigestion. Diet and chionia with rapid improvement, and discharge in a short time.

Cases 7, 8 and 9.—Similar to Case 5, only in men (Case 5 was a young married woman), and there was considerable malarial poisoning. They were given chionia before meals, and a capsule of quinine, arsenic, iron and strychnine after meals.

In all these cases there was tenderness on deep pressure over the area of hepatic dullness. I could take up more of your time, and relate some other cases, but this is sufficient to induce you to try this drug. Study what the *materia medica* and dictionaries say of the bark, and its alkaloid, and you will find much food for thought.

[Written for the MEDICAL BRIEF.]

The Philosophy of Common Sense.

BY B. M. JACKSON, A. M., M. D., LL. B.,
Omaha, Neb.

Common sense is a gift of Nature, improved by experience and observation, and as much as some men may claim to possess this gift, their conduct, language, and attitude, sometimes points to the contrary. In other words, that they are devoid of and entirely lacking in common sense.

A case in point: A few weeks ago there was held a meeting at Atlantic City, N. J., by those in our profession who consider themselves "holier than thou," "shepherds," and "popes," and by writing and speech proclaimed to the public that many of us are "little fellows;" that we are "unfit," and have no excuse for being in the profession; that we lack in mental, moral and physical qualifications, and much more "tommy-rot." Now, the public has no guide to go by, and can not draw the lines to ascertain that one physician has and another has no excuse for being in the profession; that one is and the other is not "fit;" that one is endowed with all the qualifications which constitute a "holier-than-thou," and another is not so endowed. Hence, is it any wonder that many people treat us all alike, and join the circles of nondescripts "healing arts?" Is not such language and attitude

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towards confreres hastening the death of medicine, as a profession? They do this very thing every year, and, of course, many of us know that we are losing more prestige, and lowering ourselves in the estimation of the public as the years roll by.

Granting that some of us do lack in everything, would it not be more consistent with common sense to let us die, as physicians, of our accord? After all, merit alone governs, and if some of us possess no merit, the say-so by those "holier-than-thou" (?) does not prove it. Hence, we are still holding our licenses and practicing medicine. That many practitioners barely earn a living matters little, because we find some "holy" ones are equally affected.

If our "wards" should hold a meeting once a week instead of once a year, and repeat this "tommy-rot," it would at least hasten our death as a profession; as it is, our miseries are prolonged. Would it not be good policy to ask them to condescend and point out the ones that are "unfit?" Perhaps some of us might decide to leave the fields of medicine and the fulness (?) thereof to those who arrogate to themselves all the "virtues."

Gentlemen, it is no wonder that many physicians are complaining they can not earn a living in the practice of medicine, because our worst enemies harbor within our own ranks. All the nondescript "healing arts," "patent medicines," etc., do not harm us one-tenth as much as our own confreres do.

And remember that these men (?) will continue this performance of ridiculing the medical profession, so long as the present medical laws remain on the statutes of the several States. The laws have placed them on high pedestals, and while they occupy them, they believe it is their duty to assume this attitude towards the rank and file. For it is evident to every thinking physician that the conditions in the medical profession have not only not been improved upon, but made very much worse since their enactment.

Therefore, these men feel that in order to continue to occupy their exalted pedestals, they must "catch at straws," and use language (abounding in sophistry) very much detrimental to the well-being of the rank and file, and particularly the general practitioner. No doubt, some physicians applaud that language; well, I am sorry, and those who did have my pity. "Let us forgive them, for they knew not what they were doing."

"Though with their high wrongs, I am struck to the quick,
Yet, with my nobler Reason, against my Fury,
Do I take part; the rarer action is
In virtue than in vengeance."—SHAKESPEARE.

I hear some one remark, that to do away with the present medical laws would open the gates of his State to "undesirable men." If that gentleman should travel from Maine to California, he will hear the same remark in every State in the Union. Now, then, if the present barriers keep "undesirable men" out, where are they? Surely, the undesirable men which this gentlemen assumes exist must be practicing somewhere. Would he kindly point out to us the places wherein they dwell? On the other hand, if the barriers harbor within the respective States, only such as are "holier than thou," why does he object to opening the gates to their migration from place to place?

There is one thing, and of the greatest importance to the rank and file, and that is, their well-being. The repeal of the laws will dethrone the shepherds and silence their allies (those who arrogate to themselves all the professional virtues), the latter being the worst enemies of the medical profession.

That is the only thing the repeal of the laws will do. Look up history, relative to medical legislation, and you will find that the present state of affairs is not conducive to the well-being of any one in the profession, desirable or otherwise. Warring on one another, and dividing ourselves into degrees or classes is bound to destroy us, as a profession. No nation, clan or family can survive if there is constant war between its own citizens or members.

Physicians are now divided somewhat after the custom prevailing in stockyards. Are we cattle? Please look up the laws and rules adopted by "Boards of Examiners" in the several States, and you will find that we are classified as A, B, C, *ad nauseam.*

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Who will deny that one holding a license entitling him to pursue the practice of medicine, is not a physician by every right, legal, human, natural and divine?

Why this nonsensical and detrimental discrimination? How would a physician like it if he were to be asked by a prospective patient whether he belongs to Class A, or B, or C? He would not like it at all. Aye! nay even resent the question in an ungentlemanly manner. Why, then, does he tolerate such laws and rules to go unchallenged? It is beyond my comprehension. Now, these laws were enacted and the rules adopted with an object in view. The object is this (I am corroborated by history): so long as the citizens of a nation or members of a family are divided into classes and discrimination exists, they are placed in a position, and sometimes are forced to make war on one another, in order to maintain their respective prestiges, and rulers are a necessity.

On the other hand, if each citizen has equal political rights "in the eyes of the law," or each child is treated alike by its parents, there can be no occasion for war, and it follows that "rulers" are without occupation, and of no necessity.

Even we "little fellows" are not stupid altogether, hence, we do discern that some men in the profession are not quite up to the professional mark. But, we do not think that publication of the fact to the public will add prestige to our standing, or bring credit upon the profession.

On the contrary, we believe that it will detract from the little we may have with the people. Therefore, we let them alone. Those who lack qualifications and *a priori* merit, do not count in competition, and neither "law" nor harangue will eradicate them. On the contrary, laws protect them, and give them equal standing with the best before the public. To keep undesirable men out of the profession, there is but one effective method, viz., to appeal to the better nature of the men who compose the faculties of our medical colleges not to admit them into their institutions. Exact a promise from them upon honor, if you please. There is no human being so perverted that some good does not harbor within his soul; hence, touch the good part in the proper way, and at the right time, and it will respond effectively. Laws or rules are ever being violated with impunity, honor seldom. Conduct in and attitude toward the medical profession by its members should always depend on honor, and not law or rules laid down by half a dozen men. Laws and rules merely make men slaves, and compel them to bow to political authorities, but they do not make them a bit better; aye! very much worse.

Doubtless many confreres will call these utterances "rot," "poor logic," and "silly," and some may characterize me as a "crank," "sorehead," and what-not. I can only answer them that greater men than I were thus characterized, some relegated to oblivion, and others even burned at the stake because of utterances contrary to the policies of those in favor of *laissez faire*.

However, time will tell, and truth will out. "Like cork, though kept down in water, truth will be uppermost, one time or another." In the meantime, myself, and those in accord with my views, will console ourselves with one of the sweet songs of Burns:

"Here is health to him that would read,
Here is health to him that would write;
There is none ever feared that the truth should be told,
But he whom the truth would indict."

311 Ramge Building.

[Written for the MEDICAL BRIEF.]

Proper Diagnosis.

BY GERTRUDE HAMMOND HARPER, M. D.,
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The wife of Mr. T. came after me, informing me that two hours previous three physicians had held consultation regarding her husband's case. They decided that it was a hopeless one of heart-failure, and the attending physician told her there was no more use of his coming. I remarked, "If such is the case, it is useless for me to see him." She cried out, "For God's sake come and try to save him!" I went.

When I entered the sick-room, I was struck with the complexion of the patient, which was ash color. The pulse was forty-eight, so sluggish that a slight pressure prevented the blood from passing along.

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The tongue was thickly coated, brown and dry. The eyes heavy and dull. I at once asked: "What is the color of the evacuation?" The wife in turn asked, in great astonishment, "Why do you wish to know that?" Not one of the other three doctors had asked regarding that. I replied, "I will do nothing until I know." She remarked, "It is providential that I have yet the last stool in the vessel." I went to inspect and found it a light slate color. I said, "Madame, here is the secret of your husband's dying condition; if I succeed in changing the color of his evacuations promptly, I may save him, if not, he is doomed."

I gave him at once two grains hyd. chlor. with ten grains powdered loaf sugar (as that enhances the action of the chlor.), and also gave him copious enemata, repeating same until water only was expelled, then, by way of nourishment I gave him one raw egg, the white beaten separately to a stiff froth; then add the beaten yolk, two teaspoonfuls of brandy, and a little sugar. It was relished. In two hours after my arrival there was marked improvement. Then I gave one gr. hyd., five gr. sugar, every two hours.

After an interval of eight hours I found him much improved, also found a trace of red line on lower gum; stopped hyd., gave enemata again, found some bile, but not yet mixed; gave half-grain podophyllum, one grain leptandrin, every two hours, until spontaneous movement, when excreta was mixed, and of brownish color.

On second day, patient felt like sitting up in bed; third day walked around the room; fifth day, superintended making picket fence across the way. Meantime the patient subsisted on beef-broth made in the following manner: one pound of lean beef, finely chopped, two quarts of water, two chopped onions, a very little salt, simmer (not boil), eight hours, strain through colander, to leave all roiliness in the broth, add raw egg, well beaten, and small bits of bread crust, then give it hot. This is much more nutritious than beef tea, as I consider proper nourishment as essential (often more so) than medicine. I do not view it below the dignity of any physician to advise it properly prepared.

A few weeks after the recovery of Mr. T., one of the three attending physicians called on me to ask what I had done to Mr. T. to bring about such a phenomenal recovery? I replied, "I simply did what you and your confreres neglected to do, namely, investigate the patient's excreta, and be guided by it." He admitted his error.

[Written for the MEDICAL BRIEF.]

The Treatment of Morphino-Mania—By One Who Has Been Treated.

BY MEDICUS.

He who has the shoe on, or who has had it on, knows best when it pinches. Let me give my opinions briefly to the profession through your pages.

Morphino-mania should never be treated by substitution. If a drug is strong enough to substitute for morphine it is dangerous. If it is not, it is useless. I tried sodium bromide. I failed. I have seen the heroin habit substituted for the morphine habit and the last state of that patient was worse than the first.

The advertised home treatments should never be tried. They are a delusion and a snare. What I said regarding substitution applies to these. Rational treatment may be given at home, but the greatest success will always be attained in well-equipped institutions conducted by men of experience. Withdrawal of the drug and intelligent management of the withdrawal symptoms is the formula and basis of successful treatment of morphino-mania.

But how shall we withdraw? The rapid withdrawal, as advocated by Levinstein, is very painful and often dangerous. This method should be attempted with patients that are strong and who have not used the drug long, and by these only.

The graduated slow method, as advocated by many writers, is often successful. This is done by withdrawing a certain proportion of the drug at stated intervals, every second or third day.

This method is not so rational, however, as the adaptive slow method of which the chief advocate is Pressey, of Cleveland.

The general principles of this method are, viz.: Have no set times for with-

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drawing, and do not attempt to withdraw set amounts. Reduce to where the patient is slightly uncomfortable and then keep him on this amount until he is wholly comfortable. Then reduce again slightly. We all, even in health, have nervous, uncomfortable days. Morphinists in common with others, have these days. Do not attempt to reduce on these days.

Do not make reductions when the patient is suffering from any inter-current affection.

Keep the patient well nourished with tonics and good food.

Alleviate what suffering and restlessness there may be by means of baths, electricity, massage, etc.

By following these principles the morphine may be wholly withdrawn in from two to four months with very little suffering.

Keep the patient under supervision for a few weeks after the entire withdrawal.

If treatment is attempted at home have an intelligent trained nurse in charge of the patient.

If the patient is sent to an institution select it with the same care you would select a surgeon to do a critical operation. There are many fake institutions, controlled by conscienceless men, out for the money. I speak from a dear-bought experience. May some one profit by it.

[Written for the MEDICAL BRIEF.]

How to Treat Malaria Without Quinine.

BY BEN. H. BRODNAX, M. D.,

Brodnax, La.

I am asked often, "How do you treat malaria without quinine?" Well, to explain: The disease called malaria is a rather complex complaint. There are "every day," "every second day," "every third day," seventh, fourteenth and twenty-first day, all attended with different kinds of processes. Add to this the "dumb chill" and the list of different forms is about complete. But the form or process is the same in all and makes the diagnosis complete as to the other fevers.

There is the "congestion," "chill," "fever," and "sweat," in all of the forms. "Quinine will cure chills" has been the war-cry for many years, but for some reason it has come to be such a failure, and in failing to cure made matters worse that a great many—I might say all of the doctors—are looking for a something with which to replace or modify it.

Take the usual process: The congestive stage comes and the blood from the skin and limbs is forced inside of the body by the contraction of the capillaries in the skin. Left to itself, the skin, deprived of its flow of warm blood, chills, becomes cold and shivering, and intense suffering sets in. Now, let the capillaries in the skin relax by action of the brain and the hot blood intensified by the poison of the disease sets up fever.

Now, suppose at this stage, or the previous ones, a stimulant like quinine in doses of thirty or forty grains is put into the system. What takes place? Why, something must burst so as to let the blood out of the large veins and arteries in the body so as to equalize matters. And true to its action, the blood having been removed from the brain, lungs, stomach, bowels or kidneys, by this bursting of the impoverished blood vessels, the paroxysm passes off and a sweat comes *immediately*.

Nor do matters stop here. This congestive chill has broken some important blood vessel and there is danger of loss of life when the next paroxym comes. Well, suppose that in this condition, with frail blood vessels, a chill returns and the same poison is poured into the body and circulation (these thirty to fifty-grain doses of quinine), what should you expect? Why, just what happens in thousands of cases every year in the south—*the patient dies*. Dies of what, the disease? Not much, for if he had been let alone he would have had the paroxysm and got over it. But the quinine has again opened the wounds, blood comes, the patient dies. Dies, they (the doctors) say, of malaria; but what are the facts? I have known very severe cases where the doctor had been sent for but could not get there, and although a sick man he passed the ordeal raving, or comatose

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at times, and got over it without treatment except warm water.

The fact is, that too many "die of the doctor" when it comes to malaria. I know what I am talking about, having for over fifty years watched the way people were tumbled into their graves by the very reckless way quinine was used. But don't you use quinine at all? Yes, in toning up the uterine contractions in child-birth, but for no other trouble—and it is the best of oxytoxics.

Now, go back to the first of this scribbling and note that the paroxysm consists of congestive chill, fever, sweat. What do you want most in such conditions? Why, of course, the sweat. But do you get it by use of quinine? Your own experience says not in at least half the cases. The paroxysm wears off in time and the pain and trouble lasts longer than if the patient had been let alone. This, I assert, is true, for I have noted by watch that where the paroxysm in some person had lasted five hours without any medicine, eight to ten hours was the time when the usual quinine dosage had been given. It has been said that "the disease had changed in character and became more severe." Perhaps since quinine came into general use this may be true.

Now, what you want in the chill subject is a sweat; this ends the trouble for the time till next return day. If you will give first a good purgative that will bring away the black-tar tinted excretions and then fifteen to twenty minutes before return time give of the following:

℞ Acetanilid.....100 grains.
Piperine.....6 to 12 grains.

M. Sig: Triturate thoroughly, and give one to eight or ten grains, as to age, fifteen or twenty minutes before return time.

Or if the chill has come on give it and have patient lay down and he *will sleep and sweat in ten or fifteen minutes—sweat and the paroxysm is gone.* I have known cases where the routine of the chill had taken twenty-four hours to pass away, entirely checked and gone, the sweat having come and the patient, after a sleep of, say one hour, wakes up clear of the whole trouble, and goes back into the field to finish up his day's work.

Nor has this been a single case. I have seen and watched every year for fifteen years several hundred cases, and in ten years not a single death where the directions were followed in my practice from chills and fever. Between times I use acid tonic made as follows:

℞ Nitric Acid..... 1 ounce.
Muriatic Acid..... 1 ounce.
Sulphate Iron.....120 grains.

Mix and let stand twenty-four hours to digest; dose as to age, two to ten drops; dilute to taste, say in tumbler of water, and sweeten, if desired, with sugar. Use as a drink several glasses per day and after eating.

In some cases I use the following, which I received from Dr. Leachman, of Oklahoma:

℞ Comp. Tr. of Iodini.....2 parts.
Fowler's Solution Arsenic.....1 part.

M. Dose: One drop for every two years of age, up to twelve or fifteen drops, after each meal. It works nicely in most cases.

I want to set my brethren right so far as the danger of the drug acetanilid. It is false that it is a poison. I have yet to know of a single death. It has been taken in doses of one-third of an ounce in one case and one hundred and seventy-five grains in another case, and neither case died. A little stimulation, one sixtieth grain strychnia, hypodermically repeated a time or two and the men were up and about next day. It has the effect on the brain to *relax the capillaries of skin* so that the blood in congestive or chill stage flows back into skin, the sweat comes on and the paroxysm ended for the time, *i. e.*, it brings the paroxysm to an end in ten or fifteen minutes, which would otherwise last so many hours.

Much ado has been made over the bluish tint that comes in splotches after taking acetanilid. There is only a little more tendency in a few cases, for the drug to relax the capillaries a little too much and they do not react as soon as they ought. Any little stimulant, a teaspoon of whisky toddy, or a little coffee, corrects the whole. The piperine in my prescription is given to prevent this bluish discoloration in susceptible cases.

Enclosed find one dollar for one more year of the good old BRIEF. I can not do without it as long as I can raise one dollar. Old Doc's chat is worth the money. —W. W. SCOTT, M. D., Thurman, Mo.

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[Written for the MEDICAL BRIEF.]

Little Things Usually Overlooked by Physicians.

BY ROBERT A. GUNN, M. D.,
New York City.

II. HINTS ON DIET.

The importance of the proper consideration of foods does not end with infancy, but should receive the careful attention of physicians during the entire period of growth, or even throughout life.

For this purpose we divide human life into three periods: First, the period of growth; second, the period of interchange; and third, the period of decay.

The period of growth begins with the birth of the child, and continues till all the organs and parts of the body are fully developed—usually till the eighteenth or twenty-first year. During this time several changes of food are necessary, and much of the future happiness or misery of the individual depends on the quantity and quality of the food during this period of life. The physician should, therefore, become the "doctor," or teacher, in very truth, and should instruct parents how to feed their children at all times, in order to preserve their health.

In my article on page 695 of THE MEDICAL BRIEF for August, I spoke briefly of the feeding of infants. I shall now consider the diet of childhood, or the period from two to fourteen years of age.

The greater activity of the child at this period requires a moderate supply of carbohydrates, to keep up the animal heat, but the albumenoid foods that are necessary for the building of tissues must still predominate largely. Properly cooked succulent meats, without sauces or condiments; animal soups and broths and milk and eggs should constitute the principal diet till about the fifth year. During this period only a small amount of carbohydrates is needed, and this may be supplied by giving white flour bread or mealy potatoes in moderation once a day. Thus the foods necessary for the growth of tissue are freely supplied, while the small demand for the carbo-hydrates to keep up the animal heat is abundantly met, without obstruction, digestion, or causing an excessive accumulation of adipose tissue.

The excessive use of starches and sugars before the fifth or sixth year of life is always injurious, as the digestive organs are not yet capable of disposing of any large amount of the carbo-hydrates. Consequently, fermentation sets in, and *cholera infantum* and other stomach and intestinal troubles are developed.

After the fifth year the child becomes more active and the carbo-hydrates must then be more freely provided, and the diet above mentioned may be considerably extended: Oatmeal porridge, beans, spinach, carrots, fresh butter and baked apples, together with increased quantities of white flour bread and farinaceous puddings are now admissible.

All berries with small seeds should be excluded from the diet of childhood, as the seeds are liable to accumulate in the folds of the mucous surfaces of the alimentary tracts, and thus cause irritation and subsequent inflammation.

Children should have four meals a day, but care should be taken that they do not overload their stomachs at any time. Wine, beer, coffee, tea or other stimulating drinks should be entirely excluded from children's diet.

Youths between puberty and full growth are large eaters. The various kinds of foods should now be bounteously supplied, but the nitrates and inorganic salts as contained in meats, lentils, beans, peas, etc., should be proportionately larger, in consequence of the rapid growth that takes places at this time.

While the carbo-hydrates are necessary, they should never be used in excess of what is required to keep up animal heat. Should there at any time be an indication of an increase of adipose tissue, the quantity of these foods should be decreased.

The period of interchange—the prime of life—extends from the twenty-first to about the fifty-fifth year of age, during which, if healthy, all the organs and tissues are fully developed and their functions perfect. Growth is complete and the office of nutrition is to supply the material from which to repair the waste occasioned by destructive assimilation.

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Less food is required during this period than at any other. We do not have to provide for continued and rapid growth of tissue, as in the young, nor guard against excessive waste as in the aged. As a rule, people in the prime of life eat too much food. Errors in diet lead to various forms of indigestion, and thus, of the food eaten, but a small amount is digested sufficiently to supply nutriment to the system, the rest being thrown off as feces.

Much has been said and written about the kind of food required by man. Some claim that animal foods should constitute the principal diet, while others advocate the exclusive use of vegetables. Without entering into a discussion of this question based upon the anatomical structure and physiological functions of the human digestive apparatus, it may be laid down as a general rule that a due admixture of animal and vegetable foods, and the frequent changes met with on the tables of our well-to-do mechanics and farmers, will evolve more force for mental as well as physical labor, than if we fed the mechanic on beef and potatoes alone and the brain-worker on oysters, fish, tripe, calves' brains and Graham bread.

The claim so often made that fish and oysters contain more phosphorus than any other food, and should, therefore, be largely used by brain-workers, is not founded on facts. If this were true the great fish-eating nations would have produced the greatest brain-workers, while, in fact, the contrary is the case.

What brain-workers require is easily digested foods, and those usually abound in nitrogen, and have proportionately less carbo-hydrates.

After the age of fifty or fifty-five the period of decay begins. Now the waste exceeds the assimilation, and, therefore, the nitrates and carbo-hydrates need to be supplied in such form as to render them easy of digestion. The food should be well cooked and made as soft and tender as possible, so as to avoid the liability of its being swallowed without the thorough mastication and insalivation, which in many cases cannot be performed by aged persons in consequence of defective teeth.

As the effect of alcohol is to check the activity of destructive assimilation, its moderate use at this period of life will, as a rule, prove of great advantage. Those who persist in brain-work as before, and who are unable to supply the waste by new material, will be specially benefited by the use of alcohol.

Elderly persons, as a rule, require less sleep as age advances, and it often occurs that they find it difficult to sleep long after the usual time for going to bed. If such conditions are present, a light meal accompanied by a glass of beer, ale or wine, before retiring, will often produce an inclination to sleep, which will last through the night. This is easily explained from the fact that a portion of the blood is diverted from the brain to the stomach to aid the digestion of this late meal, and thus mental activity is diminished and sleep ensues.

On the same principle sleeplessness at any period of life may be overcome by a light meal before bed-time; and it is always better to eat something before retiring than to go to bed hungry.

It should further be remembered that when a person, at any period of life, is exhausted by mental or physical labor, he should rest for at least an hour before partaking of a hearty meal. To insure perfect digestion a rest of an hour after a meal is also desirable.

No person should be forced to eat when they have no inclination to do so. This is particularly true of children and invalids. When food is required Nature calls for it, and in all cases of sickness it does harm instead of good to force any kind of food upon the patients.

In nearly all cases of stomach and intestinal disorders, especially those of an acute character, fasting for several days will accomplish more than medicines. The stomach and bowels thus obtain absolute rest, and Nature effects a cure.

A word about rectal feeding and I shall have finished. This practice has long been in vogue, and milk, beef tea, eggs, brandy, etc., have been constantly administered by enema; and because the patient lives a few weeks the conclusion is jumped at at once, that the food thus introduced prolonged life. The truth of

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such cases, however, is that the patient lives on his own tissues, and that food thus introduced often excites inflammation from which the patient dies. This truth was demonstrated by the celebrated Dr. Tanner's fast in 1880. He lived forty days without food, and had no action of the bowels during that time and for two days after he began eating.

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[Written for the MEDICAL BRIEF.]

Pollen: Its Social Influence.

BY JOS. W. MCCALL, M. D.,
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Nature abhors a vacuum. None of her products are lost. That they are appropriated or utilized in some way to the betterment of some other organic function than the special use for which the product was intended, is a pretty well assured fact, as the illustrative proof shows in the case of pollen, the male or fecundating and fertilizing property of all flowering vegetables.

Pollen is produced in abundance, far in excess of its special use. The atmosphere is full of it from early spring to frosty fall. We inhale it every breath we take, and it is but reasonable to suppose that some organ of the body is affected by its vital property more than any other. There is no doubt of its stimulating and toning effect upon the genital organs of all living creatures.

The honey bee has knowledge of its nutritive powers. They gather pollen on the outside of their tibia, take it to the hive, and store it away in cells for the larva of the common bee. A more elaborate material of the same kind is the queen bee's daily ration.

If a small amount of pollen has potency to a sufficient degree to impregnate or fertilize an ovule in a blossom fifty to one hundred yards away, what effect, and on what organ, would it most likely spend its force in animals constantly breathing an atmosphere laden with this vital dust?

As intimated above, the genital organs, from the nature of things, would, most likely, be the recipient of its toning and exhilarating influence. One might ask why should it affect one organ more than another? That is unanswerable, but from observation we know that there is a selective or subjective affinity of the different organs of the body for certain conditions or elements when brought in reach or in contact with them. Cantharides excites the genital organs. Phosphorus, in its various combinations, is a nutrient to the brain. Ergot acts on the muscular fibers of the womb, and will cause abortion. Quinine sulphate is an anti-periodic. Morphine sulphate produces narcotism, and lessens the desire for the opposite sex. We can not tell why the virus of variola has a selective affinity for the skin, nor why mumps, as it is called, should affect the parotid gland, and if certain conditions be brought about, involves the testicles in the male and the mamma in the female. Malaria has a selective affinity for the spleen; no one knows why. Many other similar illustrations might be mentioned, but it is deemed unnecessary. Hence it would seem nothing but common sense and reasonable to place pollen in the same category of illustrations as that of the foregoing subjects.

When the springtime comes, and vegetation is putting forth, flowers throwing out in profusion their fertilizing element, pollen, filling every square inch of breathing air with its presence, any reasonable thinking man would be forced to admit that it has some important effect on the animal economy.

What do we find in early spring? Birds and fowls, not polygamous, selecting their mates, and building their nests preparatory to the propagation of their species.

The testicle of the male bird in April is twice its size in January. In fact all animal creation seems to be stimulated and courting the opposite sex, showing conclusively that some vital force not yet fully understood is doing its selected work.

The Esquimau, with a limited supply of pollen in their country, has but little amativeness developed in his make-up, and is twenty or twenty-five years of age before arriving at the procreative age, while, on the contrary, in the tropics the blooming season is continuous throughout the year, except a short time when it

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is parchingly dry. Their young men and women mature early. Their girls bring forth children at twelve years of age. What is the cause of this discrepancy in the propagating age? Some would answer that it was the climate. That will do, as far as it goes, but permit me to ask what part of the climate? It is not heat, *per se.* The Esquimau's temperature is 98½° F., so is the tropical man's. It is evidently attributable to some other influence as well as a warm climate. There is no doubt the bountiful and constant supply of pollen has more to do with it than any other one thing.

Many agents are used properly, and their prime object not known, but their effects are evident. Young people anoint themselves with perfumery when expecting to mix and mingle with the opposite sex; especially is this the practice with the weaker sex, as is well known. What is the composition of the most popular perfumery in use? Pollen from the rose and night-blooming cereus, and musk from the prepuce (dried semen, I take it to be, as only vigorous males bear the fruit) of the musk-ox, stands at the head of the list. Those who use perfumery, and the occasion upon which it is used, is the strongest proof of its special action. The aged matron seldom adds it to her toilet, neither does he who is not in quest of a partner, but the lads and the lassies sprinkle themselves freely with it when expecting to meet each other in a social party. It is not to repel but to attract the opposite sex.

[Written for the MEDICAL BRIEF.]

A Consideration of the Treatment of Locomotor Ataxia.

BY M. B. KING, M. D.,
La Grange, N. C.

A great many have concluded that the lesions of posterior spinal sclerosis are but little amenable to treatment, but I have found that much can be done by judicious management to mitigate the severity of the symptoms and to prevent the advance of the disease, if not to effect a complete and permanent cure. The maintenance of the general health, the avoidance of intercurrent disorders, and the prevention of complications, are all of primary importance. Many drugs have been recommended for its treatment, among which may be mentioned the salts of iron, of zinc, of arsenic, of silver and of gold, strychnine, belladonna, ergot, quinine and phosphorus. The number is evidence that no one of them may be relied upon, and this fact is responsible in great part for the careless manner in which the disease is treated by the greater part of the profession. When a patient presents himself for treatment of locomotor ataxia, the physician at once concludes that he had an incurable malady to deal with, and that it does not make much difference what drug he prescribes. Many of the patients who present themselves for treatment will be found to be in a wretched condition physically. They will have a poor appetite, constipated condition of the bowels, slow, inactive kidneys, and all these functions will have to be aroused before we can hope to be able to give very much relief. Upon the foundation of the proper preparation of the patient to receive specific medication rests the ultimate results in any case of this disease, and this is the reason that we can count so many failures to be of any benefit to our patients suffering therefrom. I have several patients in mind at present that I treated for several months without looking after their general health and condition of the system, which did not seem to improve any. As soon as I looked into and corrected their abnormally functioning organs the results were quite different, and this being the case in the majority of such cases I am compelled to stand by the above statement with much enthusiasm and insist that the general health of every patient be carefully investigated before treatment is begun. For general treatment of the disease I use iodia, and find it as efficatious as I could ask. I prescribe it in teaspoonful doses four times a day and find that it is exceedingly well borne by the patients, many of them improving rapidly under its administration, while others do not do so well. I have seen the appetite improve, the bowels become regular, and the urine flow freely after its use, using no other medicine, though it is not well to rely on it entirely in all cases.

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It is better in many cases to administer some other aids in the way of appetizers and digestants, diuretics and laxatives. I believe improvement is more rapid when this is done. I will report these few cases as illustrative of a few cases I have recently treated, with good results:

Case No. 24.—A male, aged forty-three years. This gentleman came to my office for consultation. A careful examination revealed a case of posterior spinal sclerosis of some ten years' duration. He gave a good personal and family history, and knowing the family well I do not believe any syphilitic history was present. His general condition was bad, appetite poor, bowels were in a constipated condition, and kidneys were acting poorly. In him the ataxic gait was fairly well marked. He complained a great deal of the accompanying and characteristic pains, that they were so bad at times that he could not rest at all until he took some opiate, which gave him temporary relief only. I prescribed remedies for the improvement of appetite, relief of constipation, and for diuretic effect. I gave him Basham's mixture in tablespoonful doses after each meal, and cascara to relieve constipation. I also put him upon iodia, directing him to take it in doses of a teaspoonful four times a day, at meals and at bed-time. For the lancinating pains, of which he complained a great deal, I prescribed papine in teaspoonful doses as required. In one month's time, upon this treatment, I could see a great deal of improvement. He had a much better appetite, bowels were more regular, and kidneys were acting freer. The lightening and characteristic pains were not so troublesome and he appeared to be able to walk better. His condition altogether was very much better. The medicine was continued as before until the end of another month, when the cascara was left off, as there was no need for it. At this time he had gained several pounds in weight, and could get about very well. This treatment was continued for a period of fifteen months with the results of a continued improvement, until at that time he was able to get around about as well as ever and attended to business as formerly. He afterwards continued to take iodia occasionally, taking it a week and omitting a week, for a year and a half, and now he appears perfectly well in all respects, it having been three years since he discontinued treatment. I believe he is fully cured and will stay so, all due to the preparation iodia.

Case No. 29.—Colored, male, about fifty years of age. Consulted me at my office one day. Stated that he had been troubled with a nervous disease for the past fifteen years, that he had no money, but that a great many doctors had treated him with no results whatever, and that he thought I would like to try my hand on him.

After careful examination and questioning I thought I might give the old man some relief, so decided to try "my hand." The case was not promising at first, but did much better than I expected. There is nearly always a history of syphilis in negroes affected with any form of nervous disease, and I found a history in this person at about the age of twenty-two, as well as he could remember. I prescribed Basham's mixture in tablespoonful doses after each meal for increasing his appetite and for its diuretic effect, and cascara as a laxative. I also gave him iodia, directing him to take it in teaspoonful doses after each meal and at bed-time. He persisted in the use of his medicine as well as any one I had had to treat in a long while, and was rewarded in the end thereby. At the end of the first month I could note an improvement, though it was not much, it warranted me in directing him to keep up the treatment. At the end of three months more I could note considerable improvement, and at the end of two years the old man was able to get around very well and chop wood all day. He has since been doing as well as could be expected.

[Written for the MEDICAL BRIEF.]

Phimosis.

BY J. L. WOLFE, M. D.,
Cedar Falls, Iowa.

Phimosis, or inability to retract the prepuce behind the corona glandis, is a frequent condition of childhood, and occasionally met with in adult life. It is both a congenital and an acquired affection, and may be partial or complete.

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The prepuce may be adherent to the glans, or be so narrow that retraction is impossible. A prepuce ordinarily retractile, may become irretractible as a result of any inflammatory process of the glans and foreskin. This condition is not infrequently met with in gonorrhea and with chancroid.

Congenital phimosis is an unfortunate affection preventing perfect cleanliness by retention and decomposition of the retained secretions and urine, and inducing a condition of irritation which it were better to avoid by timely operative interference. Inflammatory or acquired phimosis always requires careful attention, and very frequently a surgical operation to prevent gangrene or to expose a subpreputial chancroid.

The operative measures may include, first, amputation of the prepuce (circumcision); second, dilatation of the preputial orifice with forced retraction; third, incision of the anterior portion of the prepuce and retraction.

The first of these procedures should be preferred in all cases in which there is no inflammatory process present, while the latter is advisable in phimosis with acute balano-posthitis.

Operation.—In adults circumcision may be done with perfect freedom from pain by the proper employment of cocaine. In children under six years of age, chloroform narcosis is advisable.

In adults proceed as follows:

Cleanse the parts to be operated upon with one to five thousand sublimate solution, and throw an elastic ligature around the penis at the level of the pubis. From twenty to thirty drops of a four per cent cocaine solution are now injected by inserting the needle at the margins of the preputial orifice, and carrying it back between the mucous membrane and integument of the prepuce, a little behind the proposed line of section. In the middle of the dorsum three or four drops are forced out of the syringe (the needle partially withdrawn), and carried a half-inch to right and left of this point, and a like quantity is injected, and so on until the entire line of amputation is anesthetized. As a rule, it will suffice to insert the needle once in the median line above, and once at the franum, and from these two locations it may be thrust beneath the skin to either side, until the prepuce is completely encircled.

In selecting the line of incision, the best rule is to allow the parts to assume their normal relations and mark the foreskin by repeated punctures with the scalpel parallel with and one-fourth of an inch anterior to the outline of the corona of the glans. A dull-pointed grooved director should now be passed between the upper surface of the glans and the prepuce in the median line, until the point is at the line of amputation. A sharp-pointed bistoury is next slipped along the groove in the director, thrust through, and the foreskin split by cutting from behind forward. Or, this incision may be made from before backward with a pair of straight scissors. The edges of the flaps are now seized with a pair of mouse-tooth fixation forceps, and trimmed off with scissors, being careful to follow the line already indicated.

When these incisions are completed, it will be observed that the edge of the divided mucous membrane remains at the level of the incision, namely, a quarter of an inch in front of the outline of the corona glandis, while the skin retracts beyond the corona. The mucous membrane should now be turned back and its ends stitched to that of the incision in the skin. Fine catgut should be used and an interrupted or continuous suture employed. The former is somewhat more accurate, although it requires much more time in its insertion than the latter. It is important in the effort to secure immediate union, that at all points the approximation is carefully made between the margins of the integument and mucous membrane. After the sutures are inserted, the mucous membrane rolls back, leaving the stitches behind the corona. The elastic ligature is now removed and a light dressing applied over the line of sutures. This operation is entirely bloodless. The patient should be directed to prevent the urine from getting into the wound. The sutures disappear by absorption and the union is complete in from four to ten days.

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When the prepuce is adherent to the glans, it will be found impossible to introduce the grooved director as above, unless the adhesions are first broken up. Under these conditions the following operation should be performed: Carry the phimosis forceps into the opening of the prepuce and allow the blades to expand so that the hooklets at the tip will catch in the mucous membrane. The foreskin is now drawn well to the front by an assistant, while the operator slips the thumb and finger of the left hand along the penis, and grasps the foreskin just in front of the meatus. In young children considerable care is necessary to prevent cutting off a portion of the glans with the prepuce. The foreskin is next amputated with the scissors just in front of the finger and thumb. As retraction takes place, it will be seen that the line of section in the skin is near the corona, while that in the mucous membrane is only a little back of the meatus. This should be seized with the mouse-tooth forceps and the adhesions broken loose or divided with the scissors. The mucous lining should now be pared back to a sufficient distance, and if necessary, a second division of the prepuce made. The sutures are applied as in the preceding operation.

[Written for the MEDICAL BRIEF.]

Some Obstetric Difficulties.

BY H. O. CARRINGTON, M. D.,
New York City.

We sometimes read accounts of perhaps five hundred confinements without forceps or complications. Now, such a series might occur, though I have no personal knowledge of one. Some doctors, perhaps, enjoy the special favor of Providence. But I know that such descriptions will seriously mislead the student and younger physician.

To talk of the personal magnetism of the attendant in cases of placenta previa, occiput posterior and contracted pelvis, is to lapse into the vagaries of Christian Science.

An account of my last four cases may be instructive, although I draw no inference from them. I may admit that we should take only such cases as we know the old midwife can handle, then, as we never interfere with Nature (with a big N) we may assume that we never tore a perineum or lacerated a cervix.

I fully believe that with the head movable above the pelvis, forceps almost invariably lacerate the cervix bilaterally. This is evident from the way in which their free anterior edges plow into it before the advancing head. Yet I have done, and probably shall do, many such operations, not from choice but from necessity.

Case 1.—Mrs. W., age thirty-seven, five-para. This patient I had delivered eighteen months previously by high forceps after some days of inertia with no serious ill results.

Occiput posterior cervix dilated; waters escaped; gave Nature a chance; called several hours later; Nature not doing much; patient becoming exhausted, no effective pains.

Sent for assistance and under chloroform applied Tucker McLane forceps to engage head. These solid blades are excellent in such cases, especially in narrow vaginas. Version not thought advisable, as waters had escaped. Lusk-Tanner axis traction forceps applied in hope of natural rotation. By powerful traction on cross-bar, finally delivered a dead child R. O. P. These cases are said to rotate as a rule, but of eight which I have attempted only one did the trick, but the above only was lost. Uterine douche given. As patient could stand no more chloroform we deferred repairs till next day. At that time, however, temperature was 104° F., pulse one hundred thirty. Patient removed to Lincoln Hospital. Careful examination revealed deep perineal tear, sphincter intact, a lateral vaginal cellular tear higher up, and a lacerated cervix. Uterus and bladder intact; lochia and torn surfaces clean. A localized tenderness over the right ovary; no vomiting or general peritonitis. Patient died thirty-six hours later; no autopsy.

My own suspicion: A rupture of a salpingitis, with immediate sepsis. A symphysiotomy might be suggested, but case occurred in an unsanitary tenement.

Case 2.—Mrs. P., age thirty-four, three-para. Attended by me for first time. In

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labor ten hours. A cervix completely tattered, giving impression of prolapsed cord, and becoming edematous. Complete inertia. Applied high forceps and extracted a living child. Anterior lip of cervix protruded, simulating a large polyp. Expected an amputation of cervix, but patient made an excellent recovery, temperature never above 99 1-5° F. Perineum remained as before.

Case 3.—Mrs. J., age sixteen, primipara. Waters escaped with first pains, then total inertia for eighty-four hours. Gave Nature a chance. Patient kept on feet; manual dilatation; strychnine, one-thirtieth grain. Nature gave out; high forceps, douche, living child, perineum intact. Although laxatives and enemas were used freely, temperature stayed about 100° F., pulse one hundred and twenty, and on ninth day temperature 102.6° F. Digital examination revealed rectal impaction; removed by supervised enema. Temperature fell next day; autointoxication, probably.

Cast 4.—Mrs. C., primipara, age forty. Placenta previa at eight months, justo-minor pelvis, exsanguination. Called in consultation one of the best obstetricians in the city. In the face of the aforesaid combination we decided to let up on Nature and delivered in three hours by dilatation. Barnes' bags and manually; version considered; high forceps applied; child living. I remained with patient all night, alternating ergotole injections with uterine external massage. Temperature normal till third day, then rose to 103.8° F. Pulse one hundred and twenty-eight. Uterine douche returned clear; tenderness over right ovary. Examination revealed a cellulitis from torn cervix. Ice bag applied. Temperature gradually fell to normal on ninth day. Ice bag and vaginal douches continued.

The above cases represent about my worst series, though since case four I have had another difficulty immediately follow, though resulting favorably. Nature had a fair chance, I hope. Case one might possibly have been saved in a maternity hospital. Case four gave a choice of a version, though we did not think it advisable. Cases two and three were rapidly becoming exhausted.

None are reported as unique, but simply to illustrate what often happens to the general practitioner. My own series of five hundred easy cases, I fear, lies in the extreme future.

520 West One Hundred and Forty-Fifth Street.

[Written for the MEDICAL BRIEF.]

Treatment of Erysipelas.

BY L. J. PONS, M. D.,
Roxbury, Conn.

Much has been written about this disease and the majority of modern writers offer little that is of real value in actual practice.

The old method of prescribing muriated tincture of iron internally, and local applications of lead, silver or other astringent or antiseptic has many times been found wanting and disappointing, the disease usually running its natural course of three or four weeks, often changing from a simple superficial inflammation to a deep or phlegmonous form. During my first ten years of practice the formation of pus was of common occurrence and necessitating repeated incisions to evacuate the matter.

After treating many cases and giving the subject much study, I gradually adopted the following line of treatment, and one which has proved very satisfactory after repeated trials, modifying the same in some cases to meet some special indication. Cleansing the bowels with calomel in small doses, followed by a saline cathartic, for the fever and headache. Acetanilid, antifebrin or phenacetine, quinine and echinacea. Externally ichthyol ointment of various strength.

The following is a condensed report of three cases lately treated by the above method:

D. C., laborer, eighteen years, taken with a severe chill followed by high fever. I saw him on the third day. Temperature 104° F., pulse one hundred and twenty, bowels constipated, urine scanty, headache and severe pain and burning of inflamed area. The left half of the face as far as the ear was badly swollen, eye closed, no sleep for the past forty-eight hours. Ordered one-quarter grain of calomel every hour for five doses, followed by a teaspoonful of epsom salts every hour

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until free catharsis occurred. Acetanilid, three grains every two hours until temperature dropped to 101° F. Quinine sulphide two grains, and calc. sulphide one-half grain every four hours and fluid extract of echinacea twenty drops every three hours. Locally—

℞ Ichthyol.....1 ounce.
Vaseline.....2 ounces.
M. Apply two or three times daily and cover with oiled silk.

The attack was unusually severe, the inflammation and swelling spreading over the entire scalp during the next two days, then rapidly subsided, so that on the tenth or eleventh day of the disease, the patient had recovered (with the exception of a little peeling of the skin). Formerly in severe cases of this kind, pus would form under the scalp, and I have recollection of one patient, whose scalp I incised eight times to remove large quantities of pus.

Case 2.—T. C., farmer, sixty-five, on second day found him with a temperature of 102° F., pulse one hundred and five; on the right side of the face an irregular inflamed patch of three inches in diameter. Bowels constipated, headache and insomnia. Treatment: Saline laxatives, echinacea fl. ex., thirty drops every three hours, four grains quinine bisulph. every six hours. Acetanilid as needed for fever and headache. Locally, acetanilid, one-half ounce, vaseline, three ounces (no ichthyol on hand). On the fourth day temperature 102° F. The disease involved about three-fourths of the face and scalp. Being doubtful about the qualities of echinacea we were using, ecthol was substituted in teaspoonful doses every three hours. Quinine two grains, and strychnia one-sixtieth grain every four hours. Ichthyol, one ounce, vaseline, two ounces, locally. The patient made a rapid recovery, so that on the eighth day I made him my last visit.

Case 3.—Mrs. B., aged thirty, had complained four or five days of fever and a painful swelling of one cheek, nose and one eye. Home remedies gave no relief. I saw her on the fifth day. Temperature 103° F., pulse one hundred and twenty, bowels regular, insomnia and severe headache. Prescribed ecthol, a teaspoonful every three hours. Bisulph. quinine, two grains, strychnia one-sixtieth grain, and calc. sulphide one-half grain every four hours. Locally an ointment of ichthyol one ounce, vaseline two ounces. The disease spread rapidly, in forty-eight hours covering the neck and scalp on the same side. Temperature increased to 104° F. and pulse one hundred and forty. Ordered phenacetin, whisky and convallomarin one-fiftieth for fever and weak heart, and doubled the strength of the ichthyol ointment. For about thirty-six hours the condition remained the same, then followed a gradual decline of all the symptoms. In this case the disease had well advanced before active treatment was instituted, but the patient made a rapid and uneventful recovery in two weeks. I have observed that erysipelas occurs much more frequently during cold and damp weather, especially when accompanied by an easterly wind.

[Written for the MEDICAL BRIEF.]

Justice.

BY JUSTITIA.
New York City.

The ancient Romans regarded justice as the first of the cardinal virtues. They did not allow that which was expedient to take the place of that which was just, and as long as this code of laws was adhered to, Rome ruled the world. When immorality had destroyed all sense of justice, and political intrigue had taken the place of the stern justman code, Rome became the ruin of the ages.

Of all virtues truth and justice are the most absolute. Justice tempered with mercy is a poetical figure. Not a philosophical fact. When justice is mixed with such sentiments as pity or mercy, it is no longer absolute justice. The security of society at large rests upon justice, to the individual without regard to his station or condition in life.

The medical profession is the only profession having a code of ethics of its own. If this code is ethical in anything but name, justice must be its foundation. We hear much of justice to the poor, but has not the rich some right to expect justice, too? I know physicians who would no more think of sending an exorbitant bill

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to a poor patient than they would steal candy from a child, but who see nothing unjust in fleecing a rich patient if an opportunity presents. If a doctor is called to see a patient and his pity is excited by their poverty, if he donates his services, or cuts his bill he is doing a noble and generous deed. But if he cuts poor A's bill with the intention of making it up on B, who "can afford to pay," despite his allegiance to the code of medical ethics, he has yet to learn the meaning of the word justice. It is quite easy to be charitable at another's expense. Not lone since my attention was called to the case of a struggling young physician, only three or four years graduated from college, and who had a small country practice, somewhat dependent upon an elderly physician whose protege he was. He had the good fortune to be called to attend an elderly lady of means, upon whom he made a very favorable impression. He advised his patient to go South. It was thought advisable by the family to have the physician accompany the patient on the journey, which he did, remaining with her until her death, some three or four weeks later. Imagine the indignation of the family when they received a bill from the young doctor for ten thousand dollars. Probably twice as much as he had earned during all the previous years of his practice. Such perversion of justice is apt to give the entire medical profession an undesirable reputation.

Some years ago I served on a charitable board where I frequently came in contact with a physician who gave much of his time voluntarily to charity work. I once asked him how he could afford to give so much of his time gratuitously. He responded: "Oh, you see I have a great many wealthy patients and I make it up on them." Now, I appeal to the justice-loving members of the medical profession, was not that man cloaking an unjust, hypocritical spirit under the mantle of charity?

I believe the MEDICAL BRIEF stands for justice to the individual, whether he be rich or poor, and it will agree with me that it is best for the physician to be first just and then charitable at his own expense. *Fiat justitia, ruat cœlum.*

208 West One Hundred and Forty-First Street.

[Written for the MEDICAL BRIEF.]

Tetanus.

BY H. O. LIGHTNER, PH. B., M. D.,
Marysville, Pa.

While spending a part of my vacation at Saxton, Pa., during the summer of 1902, I was called to see Dr. C. O. Miller, a rising young physician of that borough, and a class-mate of mine. I found him suffering from a punctured wound caused by his leaping over a fence and landing on a rusty nail in an upturned board. The wound was on the sole of the right foot at the junction of the great toe and metatarsal bones, and had reached the bone. He agreed and I incised the wound, laying it open, curetted it, and disinfected it thoroughly (as we thought) with both peroxide of hydrogen and a bichloride solution of the strength of one to one thousand; then we packed it with iodoform gauze to prevent its healing at the surface too rapidly, and bandaged the foot, with instructions to keep off the foot. Everything progressed satisfactorily with the exception of the doctor's suffering great pain out of proportion to the wound, and it was found necessary to resort to morphine, one-half grain every night, to keep down the pain and give him a chance to sleep. This state of affairs kept up, but the symptoms or pain gradually became less each night. No inflammation, fever or chills were present.

As the case was progressing fairly well, and my vacation had expired, I found it necessary to go home, leaving the case in a fairly good condition. On the day following my departure, August sixteenth, twelve days after the injury, the doctor noticed a slight trouble in mastication and deglutition. This became worse gradually, and on the seventeenth he hurried to the Maryland General Hospital in Baltimore for treatment.

It was none too soon, for that night he was seized with one convulsion followed immediately by another for the whole night, and the pains were very sharp, shooting and severe. Dr. Miller was kind enough to let me see the chart, and it showed his condition and treatment as follows: The temperature ran steadily at 99° F., the pulse from sixty-five to one

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hundred per minute, and the respirations twenty-two per minute. On his admission he was given a purge, morphine, one-fourth grain, hypodermically, for pain, and chloral fifteen grains, combined with bromide of soda thirty grains. The latter was given every three hours during the night only and kept up until August thirtieth, then it was discontinued. The morphine, one-fourth to one-half grain only, when having severe pain. The diet was liquid, principally milk.

The anti-tetanus serum was begun on the eighteenth of August, three thousand units; on nineteenth, none; on the twentieth, three thousand units; on the twenty-first, six thousand units at two P. M. and same dose repeated at six P. M.; on twenty-second at one A. M., six thousand units, and same dose at eleven A. M.; on twenty-third, six thousand units at one P. M., and same dose at seven P. M.; on the twenty-fourth, three thousand units, the last dose of serum was given. The convulsions at this time were less frequent and less pronounced. No more convulsions were experienced until the night of September second, when he put in a miserable night on account of having spasms follow each other closely the whole night. The next day, September third, he was taken to his home at Waynesboro, Pa., and Dr. D. R. Hover took charge of the case. That night again was a repetition of the preceding night. From this on his recovery was gradual, and all symptoms were lessened in severity and frequency, although he had several very mild ones while at home.

One fact I can not account for, and that is that he always had his most severe pains and convulsions at night, being much lighter during the day.

Again, he was worse when he was practically still and all was quiet about him. I was surprised when I learned that he was taken to his home after putting in such a severe time the night before. Taking a buggy ride and being jolted affected him none, but he seemed much better; always worse when quiet, the very opposite that I would expect.

This case ran a moderately mild condition from beginning to end, and, as to the reason, if any, I can not say, but I would think a thorough cleansing antiseptically and promptly had something to do with it plus the chloral and bromide.

I understand, however, that the serum adherents are likely to lay all praise to the serum for the moderately severe course and to the cure. The serum made no difference in symptoms or anything else, either before or after its administration. I think some change might be noted, especially those days when twelve thousand units were given daily.

As Dr. Miller and I were class-mates, I took an interest in the case, and he asked me to report it. I do so, hoping to draw information from those who had greater experience than I or Miller, that all may profit.

It makes little difference if physicians disagree, only so the case recovers, and Dr. Miller, I am happy to say, did recover.

Instead of gloom enveloping his house, it was all happiness when he returned, especially to his Tillie and Rex, to whom he is lord and master.

I send you herein one dollar for the MEDICAL BRIEF for the year 1904. I have been disabled, and have quit practice, but am fond of reading the BRIEF.—THOS. E. MOORMAN, M. D., Gladys, Va.

[Written for the MEDICAL BRIEF.]

Dr. Blake's Madstone—A Medical Story.

BY W. T. MARRS, M. D.,
Jewett, Ill.

I had dropped in upon my friend, Dr. Blake, for a social half hour one rainy evening and I found the genial doctor in a reminiscent mood. After being ensconced in one of his easy chairs, and having lighted one of his choice cigars, the doctor's conversation drifted to the days of his early professional career.

"Did I ever tell you how I got my start in a professional way, Allen?" he asked.

I gave a negative shake of my head, and he proceeded:

"I had been located in the village of Glenville several months and the star of my success was not yet in its ascendancy.

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My only business had been a few cases of chronic 'rheumatiz,' which had gone the rounds, and a few chronic medicine-takers, who were never known to pay their bills, had called upon me. I had never had a real live case, one which would excite the talk of the neighborhood and elicit inquiries from the people I met on the streets each day. My reply to the stereotyped query, 'Much sickness, Doctor?' was becoming rather monotonous, and I was developing a pretty good case of blues. Here it was that something, in the language of Micawber, 'turned up.'

"Jasper Goodwin, a wealthy old farmer near by, was bitten by his young bulldog, which, by the way, had been acting strangely, it was thought. I was called and found a slight wound, which I cauterized and dressed according to the then up-to-date surgical methods.

"This was not quite enough for Mr. Goodwin, as he was quite frenzied with fear of hydrophobia, and suggested a madstone. He had implicit faith in the madstone and gave me its history, how it was formed in the deer's stomach, and much more that I do not remember.

"I returned to my office as soon as I could and ransacked my library for more information on the subject. None was to be found. I concluded that the madstone was simply a porous substance, which, under proper conditions of heat and moisture, might become absorbent. The deer's stomach origin I regarded as being a trifle sentimental. I began to work my wits. It paid me to do so under the circumstances. I reasoned that my treatment had probably accomplished all that could be done in the way of prevention, and should my patient now get a madstone applied he would always feel that he owed his life to it. If the dog had really been afflicted with rabies, the fact that the poison from the canine's tooth had already been disseminated through his system never occurred to Mr. Goodwin.

"So I must improvise a madstone. I hied myself along the creek near town and soon found a flat, double-convex stone, which was light and seemed to have considerable porosity. Finding it to have absorbing qualities, I soon had it impregnated with a well-known, non-poisonous chemical of greenish color. I had heard that when the stone absorbed the poison and was placed in a basin of water a greenish, repulsive-looking fluid was the result.

"I went and applied my madstone. To facilitate its sticking qualities I had carefully applied a little cerate which answered the purpose nicely. It worked like a—well, a 'charm' is no misnomer. When the stone was removed and washed in warm water, a basin of what Mr. Goodwin termed the 'rankest pizen' was to be seen.

"Mr. Goodwin was highly elated at his speedy recovery and congratulated himself on his wisdom and foresight in employing so good a doctor. He paid me considerably over what I charged him, which enabled me to redeem my waning credit, and the fact of having had such phenomenal success in this case soon gained me a lucrative practice.

"In Mr. Goodwin's case I had a mental element to deal with, and I think I treated him as ethical on my part and with more satisfaction to him than if I had tried to impress upon him the fact that the madstone possessed no merits."

I have enjoyed the BRIEF very much, the several copies that I have read. Please find enclosed one dollar for which please send me the BRIEF.—CHAS. H. PAQUIN, M. D., Barre, Mass.

[Written for the MEDICAL BRIEF.]

A Few Remarks on Influenza and Its Treatment.

Z. B. CHAMBLEE, M. D.,

District Health Officer and City Physician, North Birmingham, Ala.

Influenza is a specific and infectious disease caused by an isolated bacillus, and runs a course, ordinarily, of ten days to two weeks.

La grippe, as it is better known, is usually ushered in by pronounced symptoms of an acute coryza, with general feelings of malaise, a slight elevation of temperature, 101° F., or may be temperature reaches in some cases 104° F. and 105° F., which lasts a few days and disappear by lysis. There may be almost any symptom present or all in a case of la grippe. Very rarely we

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have a pronounced chill, although chilly feelings and poor peripheral circulation are two very prominent symptoms.

The heart's action and respiration are embarrassed somewhat and the nervous symptoms are very annoying, and there seems to be a great deal of vasomotor disturbances. The surfaces are cold and clammy-like and somewhat moist. The pains are very troublesome, headache, back and general ache of all the limbs. The pathology of it seems to be a catarrhal condition of the mucous membrane of the nasal passages. The supraorbital neuralgia pain is often a trying symptom, often lasts after other symptoms have subsided.

The symptoms in influenza vary very much in different individuals and in different epidemics. They vary from a slight cold of the head to weeks of prolonged febrile sickness, being mixed with all sorts of complication.

In the treatment of influenza we fail often to recognize the importance of taking the proper care of our patients, the proper length of time, some cases being so mild and of little importance that we get careless in using the term "la grippe," and simply think if it is "grip" he or she will soon be all right and that they do not need anything.

On the contrary, the mildest case should receive medical advice and medicine, as required. The ordinary case should be placed in bed at once, with proper hygenic surroundings and with good ventilation. A good mercurial purge, followed by a saline, to rid the intestinal tract of any toxine that might be absorbed and add to the discomfort of the patient. If patient is in much pain, a hypodermic injection of one-quarter grain of morphia and one one-hundredth grain of atropine is given at once. I then order capsules containing the following drugs: Quinine sulph., one grain; pulvis doveri comp., two grains; phenacetin, two and one-half grains, and caffeine citrate, one-half grain. This capsule is given every two or three or four hours, as indicated.

Chlorate potass. given in one-grain doses every two or three hours, is highly recommended. I think in conjunction with above ex. belladonna in one-eighth-grain doses and codia sulph. in one-quarter to one-half grain, is very valuable. The belladonna comes nearer equalizing the circulation than any drug we have in this connection. It acts as an astringent over the nasopharynx and turbinated bodies, and lessens the congestion, promotes freer circulation on the surface and lessens the degree of chilliness, which is very annoying; also stimulates the heart.

The codia is almost indispensable in the treatment of la grippe, as it does just the thing we need most, that is, relieves pain, controls the bronchial cough, which is often present. It does not constipate, as would morphia, and does not check or dry up the secretion, a condition we like to avoid.

The patient's diet should be limited to soft and light diet, but nourishing; hot mustard foot-baths before retiring are beneficial, followed by a good rub with a coarse towel, so as to increase peripheral circulation. Water is to be insisted on both internally and externally, if fever reaches a sufficient height to demand it. Sometimes the local condition about the mouth and throat need attention. Frequently a solution of adrenalin, one to five thousand strength, syringed into the nasal cavities, affords great relief to the supraorbital pain. Also cleans the parts. Dobell's sul., or boracic acid, hydrogen peroxide, or any antiseptic, may be used.

Tonics are indicated in most cases, especially in older people and those convalescing slowly. Iron, quinine, arsenic, strychnine, and possibly some of the bitter tonics. Fresh air and moderate exercise in fair weather and avoid damp, heavy atmosphere, is the treatment for those convalescent.

Delicate and Nourishing.

Bring a quart of canned tomatoes to the boil, and strain, while hot, through a fine sieve. Bring a quart of milk to the boil. Add the tomatoes to the hot milk, stirring constantly, until thoroughly mixed. Boil the mixture for five minutes. Serve hot and season to taste. If permissible, sufficient flour may be added to tomatoes, before adding to milk, to make a thick paste, in which event the paste is cooked twenty minutes before adding the milk.—*Med. Council.*

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Inquiry Department.

Neurasthenia.

QUESTION:—Young man suffers from nervous tremblings, dizziness, vertigo, palpitation of the heart. Fears to go about alone, even in the daytime. Is more or less hysterical at times. Any excitement brings on palpitation, nervousness and a sense of vertigo.

The sexual organs are markedly affected. The erections are feeble, there is a very premature discharge and increased desire. Also a teasing of the bladder, as if needing to urinate frequently.

This man will go about and can seemingly stand as much exertion as anyone so long as he is in the company of one he has confidence in, but has lost the power of initiative.

He has had a great variety of treatment, but makes no progress. Does not seem to be able to gain any weight.

It is my belief that the trouble originates in the sexual organs. Would like to know what the specialists in this line think. What says the Editor of the BRIEF?

Mo. G. W. B., M. D.

ANSWER:—The symptoms indicate spinal debility. There is a general want of innervation. The vaso-motors are weak, and the circulation deranged.

The hydrocyanate of iron (Tilden) is peculiarly adapted to this case—one tablet three or four times a day. Give also eight drops of the red nitro-hydrochloric acid in water, with one or two cactina pillets, after meals.

Quinine is sometimes of extreme value in these cases, when as much as four to six grains, with fifteen drops of ergotole, may be given at bedtime, and the effects are slept off, but its tonic influence lasts throughout the next day.

If there is any fermentation, flatulence, constipation, keep the bowels flushed out with salines, as these conditions will make the nervous symptoms worse.—ED.

Metrorrhagia.

QUESTION:—Mrs. X., aged sixty, passed the menopause twelve years ago. Has been troubled constantly since that time with a thin, bloody discharge, day and night, month in and month out, sufficient to keep clothing damp and soiled. Has been treated several times for prolapsus and has used washes galore. Discharge continues.

Patient not strong. Has weak lungs, foul breath, constipation and more or less kidney trouble. How would you treat her to stop the discharge? Would curettment, followed by injection of silver nitrate, be advisable, and if so what strength would you make the solution?

I used this method last week in an abortion case, fifteen grains to the ounce, with excellent results.

This old lady is one of my neighbors and I want your advice because I place great reliance in your methods as indicated in the BRIEF.

Mo. R. H. B., M. D.

ANSWER:—Curetting should relieve the hemorrhage if it is due to fungoid degeneration of the endometrium, or a similar cause. A chronic discharge of the character described by you is always suspicious in a woman of this age. In the great majority of cases it is due to malignant disease, or to sloughing fibroid. Make a careful investigation, and get at the exact condition. It is possible that this hemorrhage is simply one symptom of a general constitutional debility, or of some circulatory disorder.

If you decide to curette, would first build her up with generous diet, tonics and reconstructives—hypophosphites, malt extract, Hagee's cordial of cod-liver oil, etc., clear the bowels, get the liver and other secretions active. Also examine the heart. You will get better results by taking a little preliminary trouble.

Would not use a silver solution stronger than twenty grains to the ounce. It is a good plan to follow with a salt solution. —ED.

Cystitis.

QUESTION:—Kindly give me a little assistance in a bad case of cystitis, probably of specific origin. Urine contains blood and pus. Vesical tenesmus. Diuretics seem to make him worse.

Wis. H. T., M. D.

ANSWER:—Dr. John A. Alley, a prominent physician of Atlanta, Ga., claims that sanmetto never fails to relieve such cases where the genuine product is procured.

You will need to double the usual dose of a teaspoonful or give at more frequent intervals, say every two or three hours, until improvement sets in.

Keep the bowels flushed out with salines, and give whatever tonic treatment may be demanded by the nerves, circulation or digestive system.

One or two one-fourth grain opium suppositories at proper intervals, will allay the vesical tenesmus.—ED.

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Anemia.

QUESTION:—I would like some assistance in a stubborn case of anemia following an attack of continued fever. I have used iron, arsenic, mineral acids and bitter tonics without appreciable results. Patient has little appetite and is very weak. Ears and fingers transparent when held up to the light. Dizzy and breathless when she tries to walk about. Some cough but no expectoration to speak of. Bowels irregular.

Now, if the Editor or any of the BRIEF family can give me a lift with this case I shall be everlastingly grateful.

Wis. T. C., M. D.

ANSWER:—Doctor, suppose you let medicines rest for awhile, and see what you can do with therapeutic foods. Trophonine, bovinine, panopepton, liquid bread, etc., ring the changes on them. Use sweet-breads, bone marrow, raw eggs well beaten, with a little Duffy's malt whisky added. Grape juice and orange juice are tonic. A sea voyage is a splendid medicine. If this is out of the question, perhaps a change of climate can be arranged.

Hydrotherapy and electricity are agents which can be adapted to suit these cases, and are helpful in some instances. Optimistic suggestions should also be tried.

After natural influences and specially prepared foods have done what they can for her, you can return to medicines. The hydrocyanate of iron (Tilden), in many cases, answers the purpose better than any other iron preparation. Podophyllin, in minute doses, is excellent to stimulate assimilation.—ED.

Dysentery.

QUESTION:—While I am writing a line, I will ask you to give, not only me, but BRIEF readers generally, a consistent treatment for dysentery. We have what many would call an epidemic in our midst. The BRIEF family will please take notice.

South Webster, Ohio. P. B. CROSS, M. D.

ANSWER:—The best routine treatment for dysentery is one-tenth to one-fourth grain of calomel with ten to twenty grains bismuth subnitrate every hour or two until the discharges change for the better. Then give a saline.

Follow up this treatment with small doses of ipecac and nux vomica. If the liver is inactive, chionia and red nitro-hydrochloric acid should be added to the formula.

Turpentine stupes, enemas of starch and laudanum water, injections of slippery elm solution, containing listerine, are useful measures, aiding in controling the pain and tenesmus.

If there is much fever, restlessness, and the characteristic pulse, aconite, one-fourth to one-half drop, with an equal amount of ipecac, every hour or thereabouts, may be given in alternation with drop doses of nux vomica tincture.

In weak patients, it is sometimes best to omit the calomel, and simply give the saline. Magnesium sulphate acts well, but is a nauseous dose. Warner's granular effervescent phosphate of soda is an exceedingly nice preparation.

When irritability of the stomach and bowels is pronounced, arsenite of copper in small doses is often very efficacious.

The doctor must use a certain amount of discrimination. Consult the tongue, pulse, and other indications in prescribing, and medicate for effect.—ED.

Headaches.

QUESTION:—Man, aged fifty, is troubled with severe headaches, which completely incapacitate him for the time, but disappear as suddenly as they come. Has attacks of vomiting, but the tongue is clean and there are no other symptoms of biliousness. Has twitching of the muscles, uncertain gait, etc.

If you can make a diagnosis from this imperfect description, will be glad to have you do so. Also to suggest what will be the best line of treatment. What he wants chiefly is relief from the awful headaches which keep him in dread all the time.

There is no disturbance of sensation so far as I can make out; no bladder or rectal symptoms.

Mass. J. C. T., M. D.

ANSWER:—Have you thought of brain tumor in this case? Have you inquired as to syphilitic history? Has the eye been examined with ophthalmoscope for choked disc? Are there any disturbances of the special senses or localized palsies?

We would suggest that you add two grains of the bichloride of mercury to a bottle of iodia, and give a teaspoonful three or four times daily, employing purgative doses of Warner's granulated effervescent phosphate of soda.

Bromides are of use in controling the headache, and blisters may be applied to the nape of the neck.—ED.

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Miscarriage or Abortion, Which?

QUESTION:—Will the Editor kindly express his opinion on the following case?

Healthy woman, aged thirty-nine, mother of five healthy children, all normal births. Pregnant at the seventh month with the sixth child. At midnight began flooding and flowed more or less until, fearing exhaustion and fatal termination, we emptied the uterus one week from beginning of illness. Apparently normal fetus about seven months.

The question is: Was this a miscarriage, pure and simple, or was it a procured abortion? There were some suspicious circumstances connected with the pregnancy, including a strong desire on the mother's part not to have more children, and there had been a chance for malpractice, and certain movements indicated preparation for such an "accident" as actually did happen.

In case of simple miscarriage would the beginning most likely be moderate or, as actually happened, flooding?

This might be an interesting study for some of your readers, and the BRIEF likes to teach practical lessons on all medical topics.

Boston, Mass. A. B. C., M. D.

ANSWER:—The symptoms of either abortion or miscarriage will depend somewhat upon the time at which either occurs. Also, the nature of the cause. Abortion is usually preceded by pains, and some "show" of blood. A miscarriage at the seventh month would be more likely to be ushered in by flooding than if it occurred at an earlier date, especially if caused by accident or great excitement. It seems to us that if the woman had intended to rid herself of the product of conception, she would have gone about it earlier.—ED.

Infection of the Lymph Channels.

QUESTION:—Mrs. A., aged forty-five, a widow, of the full-blooded type, was bitten by some insect about a week ago. The spot itched and tingled. She scratched and rubbed it freely. It took on signs of inflammation, became swollen and painful. At this writing the leg is large and hard. She can not bear her weight on it. Remedies seem to make little or no impression. Can you give us a little help in this case, and oblige.

Ga. AN OLD SUBSCRIBER.

ANSWER:—What a pity you had not thought to apply ecthol freely to the bite at once. Would give her broken doses of calomel with soda bicarbonate, followed by saline purgatives, and repeat the purgation from time to time.

Give equal parts of ecthol and iodia, teaspoonful every three hours. Keep the limb swathed in old linen bandages, saturated with ecthol, full strength, and covered with cotton batting. Keep the limb at rest, warm and slightly elevated.

Diet light, but nourishing.

Keep an eye on the heart with strychnine and ammonia handy. Unpleasant things happen to the circulation sometimes in these cases.—ED.

Asthma.

QUESTION:—Would like a few suggestions from the Editor as to the treatment of chronic asthma. Would also like to hear from others who have met with some success in the management of this troublesome disease, through our good old BRIEF.

Ohio. T. F. J., M. D.

ANSWER:—Restrict and regulate the diet. Keep the bowels soluble. Prevent over-exertion, sudden excitement, worry, as far as possible. Immoderate laughing, explosions of anger, running up-grade or upstairs, haste in eating, confined air, are all bad for these patients. Outdoor life, a suitable climate, and moderation in all things, insure comparative freedom from attacks.

Examine the heart, nasal passages and throat for reflex causes, and institute whatever treatment may be indicated.

Respiton is an admirable remedy in some cases of asthma.

As a preventive, we suggest ammonium iodide in three-grain doses, in glycerine, with Hagee's emulsion of cod-liver oil comp. Arsenic or belladonna are of utility in some cases.

In the attacks, keep the atmosphere moist, apply cloths spread with antiphlogistine over the chest, and give the tincture of lobelia, stopping just short of emesis.—ED.

Defective Innervation,

QUESTION:—Young married man with no history of excesses or hard work, complains of feeble erections and premature ejaculation. I can find nothing wrong with him and can not account for his trouble. Can you throw any light on the subject and give a suitable treatment? He is a bright young fellow and his general health is excellent.

Md. T. T. C., M. D.

ANSWER:—We have seen a number of just such cases during the past six months. Most of them can be attributed

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to a prevailing weak and irritable state of the spine. The nerve centers which govern the mechanism of erection and ejaculation are depleted of force, hence perform their functions imperfectly.

You will find the hydrocyanate of iron prepared by Tilden, valuable in the treatment of this case. If there has been a notable increase of desire with the diminution of power, combine neurilla with your treatment.—ED.

Muscular Softening.

QUESTION:—I have a case of a man forty-five years old who took hot sitz baths for about two years for bladder trouble, and a great deal of that time he took the baths two and three times each day, just sitting in as hot water as he could stand. The results are that his flesh is soft. The flesh on his buttocks is so soft he can not sit on anything hard. Also the thick part of the leg and the calves of his legs are soft and flabby.

Now, can you give me any advice how to proceed with this person, and is there anything that will restore those muscles or harden the flesh?

Wiscassett, Maine. E. E. DAVIS, M. D.

ANSWER:—We suggest that you use applications of a cold salt solution in the form of a spray. Also alcohol rubs. Exposure of the parts to the air twice a day will be of assistance. Brief applications of a mild faradic current will be useful. If otherwise indicated, you may also give to advantage suitable doses of strychnine.

Progress is necessarily slow in these cases. Patience and perseverance are indispensable to success in the outcome.—ED.

Sleeplessness.

QUESTION:—What would the Editor and BRIEF readers do for a man who had not slept for five days and nights following a spree? Mind very active but not unbalanced, unable to be quiet or rest for a minute, talking all the time. A number of sleep-makers were tried, including large doses of opium, and all the coal tar derivatives. The only result was to make him very anxious to go to sleep, but not for a moment did he lose consciousness.

New York. H. L., M. D.

ANSWER:—First and most important, give him a high enema, using quite warm water, and washing out the bowel thoroughly. Wring a sheet out of ice water, wrap him in it, and cover with a blanket.

Give him a teaspoonful of neurilla, adding a drop each of tinctures ipecac and nux vomica. Repeat every hour until five or six doses are taken, then at less frequent intervals.

Diet should be light for a few days. Use saline laxatives as indicated, and give him vichy to drink.—ED.

Hiccough.

QUESTION:—I have been consulted by a young man who has frequent attacks of indigestion which always wind up with a protracted and exhausting siege of hiccough. Sometimes I can terminate this by giving an emetic, but this is an unpleasant procedure. Can you suggest a remedy which will permanently relieve him of this annoying trouble?

Col. L. G., M. D.

ANSWER:—Consult his experience as to his ability to digest various foods, then make out for him a diet, and caution against excesses. Tell him to eat slowly and chew his food well, to take regular, moderate outdoor exercise, and place him on sulphogen, a teaspoonful every three hours.—ED.

Weakness.

QUESTION:—I have had quite a number of people consult me within the last few months, complaining of weakness, of being unable to work as fast and as well as usual. They speak of a dullness and torpor of the mental faculties and a want of strength. The general health seems to be good, they eat and sleep well, but are always wanting to sit down or stop work.

Please suggest a suitable remedy for this line of cases and oblige.

N. J. E. A. S., M. D.

ANSWER:—Think you will find the combination of celerina and chionia, equal parts, a teaspoonful three of four times daily, a most admirable and appropriate remedy for this condition. We have made this prescription many times, and always with the best results.—ED.

Intestinal Obstruction.

QUESTION:—A Connecticut correspondent wishes a detailed account of Batsch's method of using atropine for the relief of intestinal obstruction.

Enclosed find one dollar for which continue the BRIEF another year. I am well pleased with it.—R. B. MOORE, M. D., Auburn, Ga.

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P. McELVAIN, M. D.

Alto Pass, Ill.

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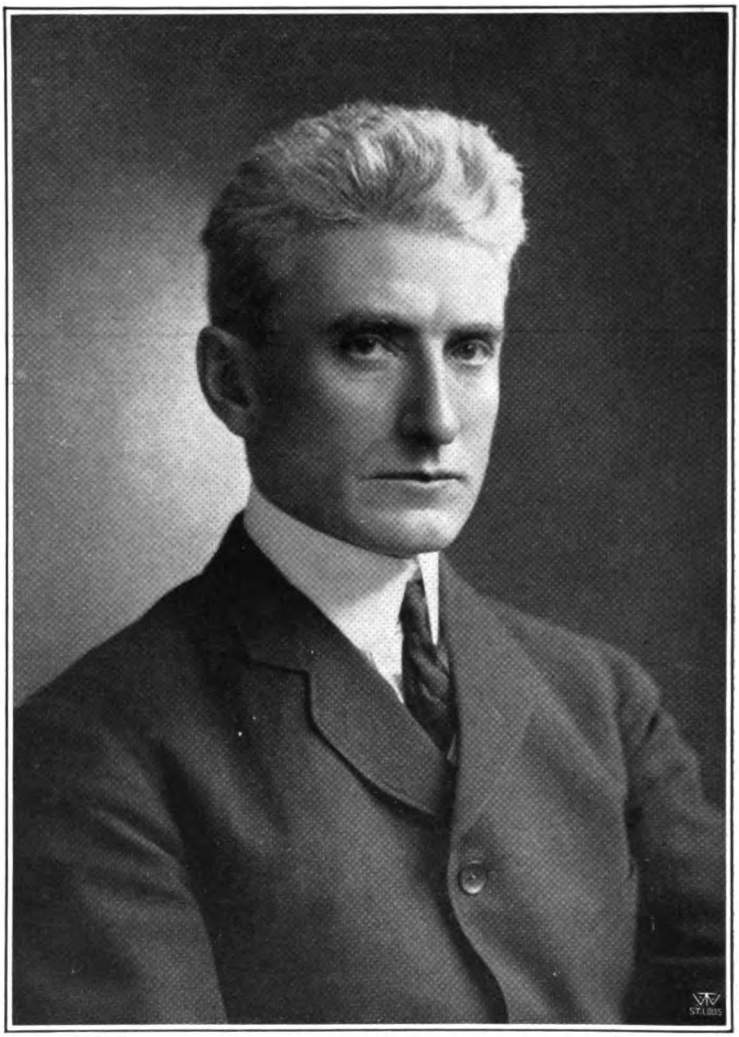

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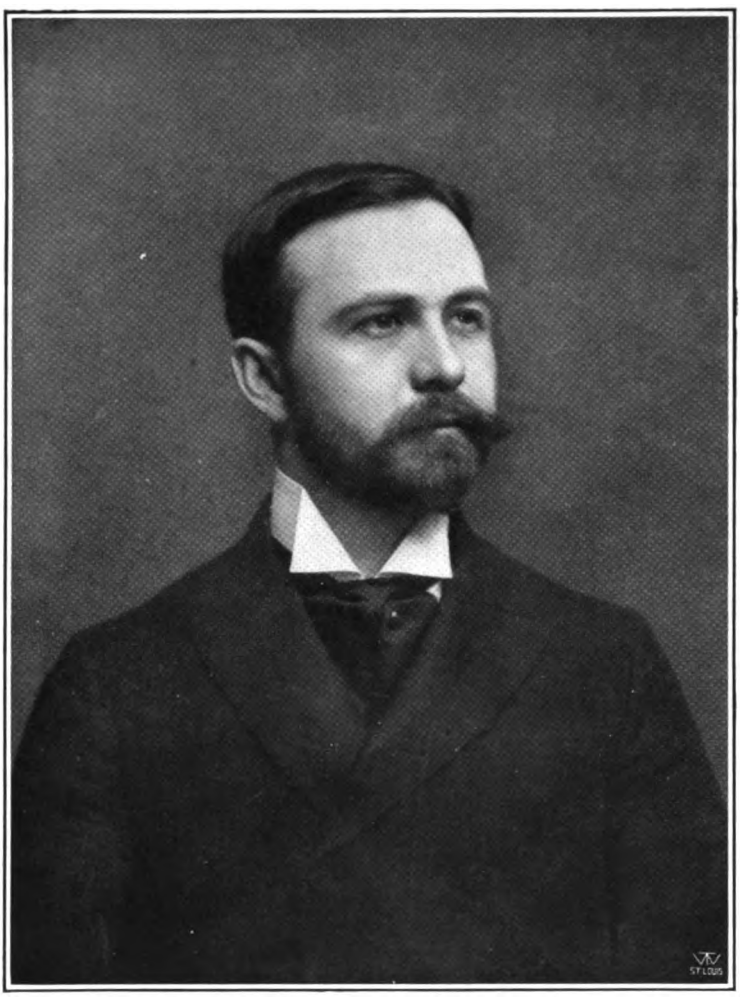

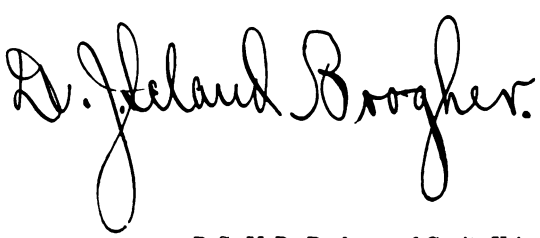

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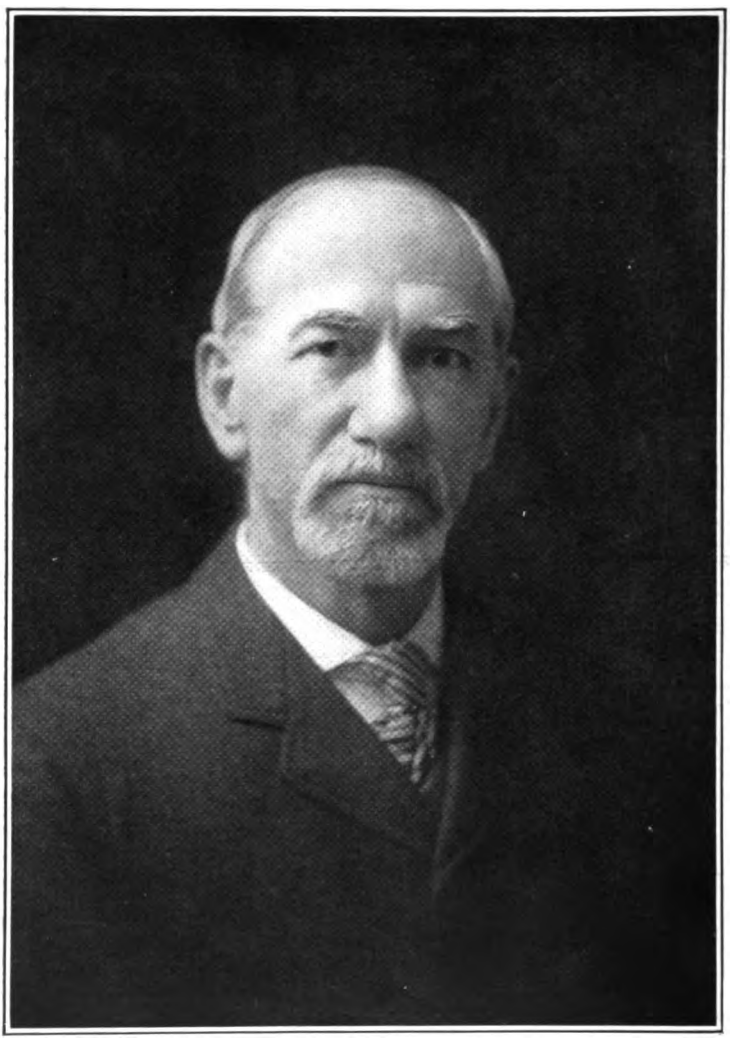

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Editorial.

Dead Sea Fruit.

When a man determines to carry out certain nefarious plans, whether by fair means or foul, he entails upon himself the natural consequence of such wrong-doing by a law with which he is powerless to cope. No man can possibly escape the reactionary effects of violating Nature's laws.

Men must understand, and men are beginning to understand, that every infraction of a natural law is visited by an unerring, inexorable law penalty. Every part of our natures is governed by fixed laws, the transgression of which is followed by alteration, deterioration, suffering. The moral organization is no exception to this rule. The man who recognizes and obeys the moral law enjoys a peace and happiness which none of the vicissitudes of life can seriously affect. This is not theory but unalterable fact, confirmed by the individual experience of generations.

The men who set out deliberately to accomplish their designs by abusing those who have done them no harm, just to gratify vindictive or jealous feelings, or in the furtherance of a short-sighted policy of self-interest would know, if they stopped to think about it, that they must meet the inevitable results of such wrong-doing.

The man who has never wronged anyone, who has stood up for the right as he sees it, enjoys a deep contentment, whether he has ever traced it to its source or not. This being true, it is strange that so many people are satisfied with eating dead sea fruit. And they will quit doing it as soon as they begin to think for themselves instead of blindly following other people.

The man who is not true to himself cannot be true to others. Honesty and courage are the two essentials of right living. The Golden Rule is the fundamental law of life. The man who studies the laws of God as manifested in the workings of his own being, will realize that this Golden Rule is not a beautiful figure of speech, a literary phrase, ornamental rather than

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vital, but an imperative law, failure to observe which causes moral disease and suffering in the offender. Blessed is the man with organ of perception sufficiently developed to understand this.

Hypocrisy eats the soul as a moth does cloth. Envy, jealousy, rancor, intolerance, prejudice, kindle madness in the brain.

Men must learn that they can not go to work to injure others without injuring themselves. The only way to be happy and successful is to study Nature's laws and obey them. Sophistry can not get around them. The more we examine and probe life, the more we understand that to injure our neighbor is to injure self. This is a scientific truth which is the most important thing in life to learn.

The cultivation of the moral and intellectual natures along the lines of Nature's laws begets happiness, and happiness can be obtained in no other way.

The man who tries to injure another by abuse, and by inventing lies to prejudice the public, who cultivates an antipathy by every means in his power, sets in operation forces which must, in the nature of things, react against him. Such a man is always restless and dissatisfied. In accordance with the old axiom that the unexpected always happens, he is sure to get hit in a place where he is not looking for it.

The Doctor's Environment.

The doctor's environment is a strong factor in making him what he is. In the cities we find the best surgeons, because the conditions create a wide field for this kind of work. On the other hand, we find the best general practitioners in the country. Most of the advances in medicine are made in the country. The country doctor has more time to read and think. He is thrown entirely on his own resources. He is more independent. His patients are his friends, and his sense of responsibility is therefore more acute.

The country doctor has a great practical familiarity with drugs. He handles them, knows how they look, smell and taste. He pays great attention to his *materia medica*, is not much given to fads. The country doctor views everything in respect to its utility. If he can make any use of an idea or a remedy, if it will help his patient he will use it regardless of what anybody may say about it. He is so accustomed to rely on his own judgment he could scarcely do otherwise. In the cities the conditions are very different. The city doctor associates intimately with his fellows in the same line. He is sensitive to their good or ill opinion of him. Instead of simply asking himself whether a thing commends itself to his judgment, whether it has the sanction of experience, he is apt to wonder what others will do or say about it. He waits and fears and follows to a far greater extent than he realizes. He does not make progress as an individual, he does not develop the best or the most that is in him, as a rule, because he wants to keep in with the "authorities:" he wants to do as others do; he wants to be "regular" at any and all costs. He does not say these things to himself; he does not realize how far such considerations govern him. On the contrary he believes he is thoroughly up-to-date, and that the other man is ignorant, prejudiced, and behind the times.

Not all city physicians subscribe blindly to the teachings of authority by any means. Not all are so eminently satisfied to remain narrow and limited. There are many broad-minded doctors in our cities, as our subscription lists show. The MEDICAL BRIEF is now making as large gains in cities as in the country, and this speaks for itself.

But the general tendency of environment is in favor of the country practitioner. His city brother, in spite of great artificial advantages, will find it a task to keep up with him in the matter of professional qualifications.

How to Keep the Teeth.

Prevention is easier and cheaper than cure. Especially is this true as regards the preservation of the teeth. Decay of the teeth is the result of either ignorance or neglect in practically every instance.

If people clearly realize the importance of keeping the mouth and teeth in a hygienic condition, it would save them both

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money and pain. Indigestion, anemia, auto-intoxication and allied conditions would be more amenable to treatment, for a septic state of the mouth undoubtedly infects the system to a greater or less extent.

Few people understand how foul and repulsive a place the mouth may become, and often is, if neglected. Perfect health is rare. The majority of people have some weak or diseased part which affects the secretions, and particularly those of the mouth. Sordes is deposited on the teeth, and fills the crypts and lacunæ in the mucous membrane of this cavity; the tongue is coated to a certain extent.

If there is any catarrh of the nose and throat, or an established habit of breathing through the mouth, the conditions are made still worse. The breath is charged with the odors resulting from vitiated secretions and highly offensive.

If these deposits are not removed, they are swallowed or absorbed, injuring all the tissues with which they come in contact.

No teeth, however hardy, can resist such an environment. Sometimes the disease set up extends from the teeth to the alveolar processes, the jaw-bone is destroyed, or even worse damage done.

The teeth, nowadays, do not get the exercise they did in less civilized times in masticating tough foods. The cook does a part of this work for mankind to-day. As a result, the teeth are less strong and resistant, requiring to be artificially cared for.

Sweetmeats and starchy foods induce rapid fermentation, and predispose the teeth to decay. A diet containing fresh fruit, vegetables, meat in reason, and corn bread, is excellent to preserve the teeth. Eat slowly and chew the food well. Adherent particles should be removed after every meal, the teeth brushed, and the mouth carefully rinsed out with a solution of listerine, the standard antiseptic.

Once a month the teeth should be cleaned well with pumice stone, and this application *is preferably made* by the dentist. But with a little patience anyone can learn to do it. Sit down before a shaving mirror to perform the operation. A short, slender stick with a small disc of hard rubber fitted to it, makes an admirable cleaning instrument. Moisten same, dip into the powdered pumice stone, and rub up and down, and into every crevice. Rinse well with listerine solution.

The person who carefully follows these instructions, as given to him by his physician, can, other things being equal, count on preserving his teeth in a useful state to an advanced age, and will enjoy better general health.

Health Habits.

Most people eat more than the system can profitably care for. The demands of maturity differ from those of the growing period of life in that food is needed only for repairs. The majority fail to take this into consideration. They eat with energy rather than discretion. They eat until gorged, or until the sense of taste is sated. The result is sour stomach, fermentative indigestion, headaches, constipation, torpid liver, rheumatism, Bright's disease, and so on.

The Editor of this journal learned to eat in accordance with the actual needs of his system twenty years ago and has never known a touch of headache since. This habit is the basis of his continued good health and freedom from minor ills.

Experience indicates that upon the whole a mixed diet is best for man. Cereals, fruits and vegetables are essential, and a mixed diet, which includes animal food, gives the most universally good results.

To enjoy good health, it is most important to form the habit of taking regular, moderate, outdoor exercise. We dislike to refer to our own experience so often, but the habit of walking a mile or more in all weathers before breakfast is one which the Editor could least afford to dispense with, so salutary are its effects. The six o'clock rising, the brisk rub-down, the careful attention to all the little items of the toilet, followed by the brisk walk, inhaling deeply, makes one very comfortable and very hungry, and prepares the way for a good day's work.

Serenity of mind promotes good health, and is the result of habit. It is to the nerves what varnish is to paint, preventing friction and unnecessary disquietude.

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To preserve it, avoid speculation, gambling, intrigue, emotions of envy, jealousy, fear. Unhealthy emotions inflame the mind, excite the heart, congest the brain, pervert the secretions, set the whole body quivering, using up more energy than would be required to do a days' work in a calm, deliberate fashion.

Cultivate optimistic views. Form the habit of thinking things out for yourself, consulting facts and reasoning from cause to effect. Do not worry about what the other man is doing. Pay strict attention to your own business. Do not read about horrible things. Have nothing to do with captious, fault-finding people. Grumbling, growling, nagging people should be avoided like a pestilence. The doctor needs to store up all the cheerfulness and sunshine he can extract from life. He should lay down the law to his patients that they must cease to fuss and fume, and co-operate with him in his efforts to benefit them, or give up such cases.

An undue development of the critical capacity is a bad sign in anybody. It shows a lack of mental balance, an excessive amount of egotism, a poorly-developed brain.

Another important health habit is to learn how to dismiss your thoughts and go to sleep promptly. Also how to indulge in brief intervals of relaxation and rest. A five to fifteen minutes' change of thought or occupation is very refreshing to a busy man or woman.

Ambition kills many people, and seldom if ever confers genuine satisfaction. If a man sets out to deserve fame or success he gets it without the strain of worry, wire-pulling, or other artifice. When it comes naturally as the crown of capacity, a man can take it quietly and wear it unconsciously.

Health habits mean moral habits—habits based on a knowledge of Nature's laws, her penalties and rewards. There are absolutely no exceptions to these laws. No man can be either healthy, happy, wise, rich or successful without paying Nature's price. No man can secure immunity from punishment except by obeying her laws. If every man could appreciate this knowledge at its true value, our penal system would be obsolete. No man goes unpunished. His punishment fits his crime.

Health is a balance into which is weighed all our parts. Any excess, all extremes, disturb it. Exertion is good, but over-exertion of mind or body weakens and wastes. Athletes who overdo weaken their hearts, their nerves, their digestive organs. Excessive mental application debilitates. It is essential to eat, but it is as easy to eat too much as too little. Rest may degenerate into sloth.

Be moderate. Be persistent. Be calm. Be just. Be patient. Then work with a will, and all things worth the having will be added unto you.

The Fair an Inspiration to the Many.

Even a cursory examination of the exhibits at our great World's Fair in St. Louis is sufficient to deeply impress the visitor with a sense of the stupendous resources of our country—the great mines of undeveloped wealth awaiting the transforming hand of capital and enterprise.

In the buildings devoted to mines and metallurgy, and to forestry, fish and game, especially, the visitor gets an idea of the richness and variety of our natural products. America is the most wonderful country in the world, and rich and powerful as it now is, is nevertheless in the infancy of its development.

The marvelous strides being made in the struggle with disease in the animal and vegetable worlds are well illustrated. Tree surgery and the antiseptic treatment of plants, the development of hygienic methods and the application of the principle of prevention in the care of domestic animals, are all of interest to the doctor.

The thoughtful man gets many suggestions in the raw, which he can modify to suit his own needs.

Some idea of the industries which have made the country what it is may be gained through an inspection of various manufacturing processes, of which demonstrations are given at regular hours. These include a fully-equipped mint in the Government Building.

The electrical illumination at night is the crowning treat of this great universal exposition. It transforms the beautiful

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grounds into a veritable vision of fairyland. Saturday nights, as a rule, the illumination is seen to the greatest advantage, and the effects are better left to the imagination than described. The lights are parti-colored, changing from white to red and green with iridescent clouds playing upon the cascades, and below the falls, the soft shimmer of rippling water.

Doctor, drop your work for a little space and come to St. Louis. Three or four weeks here now is equal to a post-graduate collegiate course, and a trip abroad combined, to say nothing of the professional pointers you will pick up.

See the Italian pavilion, filled with Pompeian relics; visit the Trianon, favorite habitation of ill-starred Marie Antoinette; see the ancient castle of Charlottenburger, furnished in truly royal style; the Chinese pavilion; ancient Holland, Belgium, etc.; all are worth seeing.

Ride a camel in Cairo, if you want to; journey through the Tyrolean Alps and listen to their magnificent orchestra; witness the Galveston Flood and the Battle of Santiago; wander through the Imperial Japanese gardens, and see those wonderful dwarf trees, hundreds of years old; eat popcorn and chop suey, drink grapejuice, and be a boy again generally.

After you have been to the Fair a few times, it will completely absorb you, and your greatest ambition will be to suck it dry. You will walk miles, become hardy and tanned; your cares fade away, and that phrase about the "solidarity of the race" becomes a living reality to you.

What does it matter that we all have cares and pains, since it is part and parcel of a natural, inevitable process of destiny-making? The hurts are but surface ones, and do not reach to the indestructible soul. "There is a divinity that shapes our ends, rough-hew them how we will."

Come, Doctor, and let the ego be lifted up and strengthened by getting out of the rut and into touch with all mankind.

Fermentative Indigestion.

When the stomach is torpid, and the food eaten remains an undue length of time, generating gas instead of passing through the normal changes which constitute digestion, we call the condition fermentative dyspepsia. This disease is very common and very distressing, being accompanied by severe pain, as a rule.

Its cause has been traced to inaction of the liver.

Emetics and cathartics are required to relieve these attacks. Some doctors use one, some the other. Both remove the offending matter. An emetic will, of course, give the quickest relief.

Down South, where fermentative indigestion is very prevalent, owing to the bilious-producing qualities of the climate, many doctors are in the habit of giving a teaspoonful of apple brandy after meals, which stimulates the stomach to action, thus expelling the gas, and being an antiseptic besides, affords a considerable measure of relief.

Phosphate of soda in thirty to forty-grain doses is of value in the treatment of fermentative dyspepsia, but unfortunately its use must be kept up.

Equal parts of seng and chionia, a teaspoonful after each meal, is of very great value. The Editor, himself, has used it for the relief of this condition, and found it a very happy combination. The seng causes the gastric juice to be poured out more freely, while the chionia stimulates the hepatic secretions.

Should Be Paid.

The doctor, like any other business man, should receive fair and adequate remuneration for his services. The doctor needs money as much as any man.

Here is a poor family in need of butter, eggs, potatoes, flour. But if they ask the grocer for them on the ground of their need, he will laugh at them. The grocer can not carry on his business in any such way. Nobody expects him to. Yet when people are sick they expect the doctor, especially the country doctor, to wear out his horse and buggy, lose sleep, and furnish medicines, without pay. They say he ought to do it.

The political doctor is also continually telling the physician he ought to work for humanity and the medical profession. It is so easy to overlook the hardships and drawbacks of another's lot when you only regard him as a pawn in your own

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game. Medicine can only prosper as the individual doctor prospers. The exploiting of a class means bondage and penury for that class.

Suppose a medical journal wants a special article written on a subject familiar in the experience of a certain doctor. The journal writes to him, soliciting such an article, and offering him fair compensation for the work. Why should he not accept it? If the doctor burns the midnight oil to produce a valuable article, why should he not be paid for his labor?

If you ask a lawyer for his opinion you expect to pay him. The literary man expects pay for his efforts. Why should the doctor be the only exception? Why should he alone have to work for nothing?

The doctor has stood this foolishness long enough. There is no sense in his submitting to the various impositions made upon him in the much-abused names of charity and duty. His first duty is to himself and his family. Shakespeare tells us that if we are true to self it must follow naturally that we must be true to others. And the scriptures say that the man who fails to provide for the members of his own family is no better than an infidel. In the nature of things the doctor's instincts of benevolence will get plenty of exercise.

When the MEDICAL BRIEF asks a doctor to write an article for it, it always pays him. This is nothing more than right. It is a pure business proposition, the same as with a literary magazine.

Of course, where a doctor feels that he has something to say to the profession, and makes a voluntary contribution, that is his own business. But it is nonsense to say that the doctor is under any sort of obligation to work for nothing. It is an abuse of the fraternal sentiment to ask any man to do something for us which lays a tax upon him unless we offer him compensation. Generosity is a sentiment on which no constraint can be placed. It must be as free and spontaneous as the "quality of mercy." Business and sentiment do not mix.

The doctor has tried sentiment with all its hypocritical twists and perversions long enough. Now let him try plain business for awhile.

Dr. Cyrus Edson, whose name is familiar to us all as a grand, good man, worked himself to death for the profession and people, leaving his family practically unprovided for. There are thousands like him.

They tell us the commercial element must be weeded out of medicine. We say rather it is the hypocrites who must be weeded out. The commercial element in medicine is the saving leaven.

This contemptuous talk about commercialism is on a par with the efforts of the priests of old to satisfy the people with treasures in Heaven while they, themselves, gathered tithes and encouraged fat offerings whether the harvests were good or bad. Yes, let us weed out the hypocrites. No one need fear contamination from the doctor who insists on having his due.

These men who set themselves up as guides to a better life for the doctor, whose virtue is so strenuous they can not avoid jumping on every one who fails to conform to their notions, what ails them, anyhow?

Such men, in their egotism, habitually underrate the practitioner. He is quite as good a judge of what he needs and will use as any other man. Why should the political doctor know best? The political doctor's ideas are jaundiced and prejudiced by his ignorance and animosities. The man of common-sense and practical mind finds he has all he can do to attend to his own business, and let the other fellow do the same.

We have had enough of this miserable hypocrisy in medicine It stops the way of progress, impoverishes the doctor, and would rob him of his very manhood—his inherent right to think and act for himself. Gentlemen of the medical profession, assert yourselves. Put a stop to this everlasting dictation in matters which vitally concern you.

Whenever you find a medical preparation is being run down by a medical journal, write to the manufacturer. You may be certain he will be able to convince you it is merely a form of blackmail. The journal, having solicited an advertisement, and failing to get it, is now trying to get even. This is the simple explana-

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tion. What do you think of the ethics of it?

Preparations which will not advertise with these journals are put on the blacklist and lampooned at every possible opportunity. The manufacturer who will stand this blackmail deserves all he gets. We must put down blackmail in this free country of ours. No one can blackmail the Editor of this journal. He is not afraid of any man living.

How Young He Is?

After we have passed the meridian of life, we begin to realize how little we really know. We no longer have that unshaken confidence in our powers with which we started out. The surprises of experience have disabused our minds of the feeling that we know it all.

As we grow older, we become more and more uncertain as to the value of many theories which, but a short time ago, looked so brilliant and plausible. At length we are all brought to forcibly realize the fact that we are intensely human, and possess our full share of the frailties of ordinary humanity.

For this reason, when we see a man get up with an infallible and dogmatic air, and arrogantly assert that his opinions must be and are correct, since he is one of the few scientific men, and knows all there is worth knowing, disparaging and abusing those who differ with him, we simply look at him and say to ourselves: "How young he is!"

Points of Interest at the Fair.

The visitor at the Fair lingers long, in most cases, in the Varied Industries Building. Here the superb displays of Japan, Germany, Great Britain and Ireland exhibit their magnificent products to our charmed and wondering eyes.

Whatever uncertainty we may feel as to the policy and methods of the Japs as they regard the best interests of civilization, we can not but admire their ingenuity, industry, skill, and resource.

Germany, too, has made a most complete and comprehensive exhibit in all departments. Hereafter, we shall have a better conception of the German character, and a new appreciation of their very real virtues.

In the British exhibit the visitor is at once struck with the way in which this nation, more than any other, can harmonize elegance and comfort. No matter how richly furnished the house, it is not stuffy; it breathes forth the home atmosphere. Nothing is too good to be used; everything has a reason for being. The individual is never subordinated to his surroundings. Elegant simplicity, perfect taste, characterize the richest costume, the most expensive jewels.

Be sure to see the "Old English Country House," the German Court and Japanese section in Varied Industries. Other Japanese displays in Transportation Building and Liberal Arts are of exceeding interest. Also you want to hear the orchestrione in the German section of the Liberal Arts at three P. M. each day.

An inspection of the resources of South America, seen in Mines and Metallurgy, Agricultural Building, and Forestry, Fish and Game, etc., will convince any patriotic American that the Monroe doctrine must ever remain a vital part of our foreign policy.

In France, the prince of economists among nations, they have at last found a medium for agglomerating coal dust so that it is the equal of the best screened anthracite for fuel purposes, and can be utilized at a considerable saving in cost. Specimens are exhibited in Mines and Metallurgy.

In the Philippines, there is a native school in operation, open to visitors, in which the minds of a coming generation are being opened to the light. Among the villages, the Igorrotes are considered the most interesting to the majority because of their head-hunting proclivities, undress costume, and fondness for dog as an article of diet.

The Indian School is also well worth a visit, and the various tribes encamped about it, not forgetting the African pygmies and the hairy Ainu from aboriginal Japan.

Stroll into the Tyrolean Alps, and take a trip through the mountains. The representation is exceedingly realistic. There are the Swiss cottages, the beautiful lakes, the snow-slides, the wonderful mists

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and sunset glow effects. There are birds flying about and singing; an eagle's eyrie inhabited by a pair of real live eagles. Go into the little church. The solemnity of the moment is worth the fee, whatever you may think of the pictures portraying the passion play of Oberammergau.

The Sunken Garden in front of Government building will call forth your admiration, as will the wonderful floral clock before the Palace of Agriculture. Do not miss the immense bird cage, with its denizens from all sections and climates.

It is hard, out of so many wonders, to choose a few which shall give a glimpse of the richness and variety, the constant surprises in which this great Exposition abounds. It is, indeed, universal in the largest sense of the word. To appreciate it, you must come and study it. If you fail to embrace your opportunity you will never cease to regret it.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, how are ye? Here I am again, doing business at the old stand, with new relish. I've been out to St. Louis, and I tell you, right now, nothing bigger than that Fair has ever been seen in America. Sorry to have missed you, Mr. Editor. Better luck next time.

Getting down to business, I want to say that salines are the most satisfactory purgatives in the "good old summer time." The system is all relaxed, the circulation feeble, the conditions all favor the collection of fluid in the abdominal cavity. Then the saline—citrate of magnesia, phosphate of soda or plain epsom salts—whichever ye like best, comes along and drains it off. At the same time, a few doses of strychnine helps to set matters on a better basis. I'm right partial to strychnine for hot-weather use, especially for those who sweat freely.

Say, boys, when you get a case of lumbago, slap a Benson's capscine plaster on, first thing. Then you can sit down and settle on your treatment. It's fine, too, for headache, applied to the back of the neck.

In states of general torpor, with pale, clean tongue, dull, dazed mind, kidneys secreting but little urine, light-colored, with deficient solids, capsicum is great. You may have to give whopping big doses—fifteen to thirty or forty drops—but you'll be mighty well pleased with the results if you get your indications straight.

Say, boys, cream of tartar is a good old remedy to rectify the urine when it's thick and alkaline. It beats some of these new-fangled remedies all hollow.

Boys, I want to call your attention to assafetida in the case of old people affected with intestinal indigestion, causing wind on the bowels and colicky pains. A pill containing assafetida in combination with the solid extracts of nux vomica and calabar bean, given night and morning, gives considerable relief.

Speaking of old people, the season for winter coughs, asthma, chronic bronchitis, pneumonia, and so on, is almost with us again. I don't call to mind whether I mentioned it to you or not, but I had considerable experience with respiton last winter, and I like it right well. I often give it in connection with one of the ammonia preparations, or digitalis or grindelia or belladonna, in sub-acute or chronic states; with aconite and ipecac in acute troubles. In simple colds or uncomplicated respiratory affections, respiton, in medium doses, at frequent intervals, with something to unload the bowels or touch the liver, is all the treatment needed. Often, I add a little nux vomica after the first day or two.

You will get quicker and better results in all these cases if you can get your patient to spend the first forty-eight hours in bed. Then you can give hot drinks, get the system relaxed and sweat out impurities.

Some preparation of cod-liver oil is useful in those cases which refuse to build up, and the cough hangs on. Hagee's cordial is a good preparation.

Say, boys, stop and think before you prescribe chloral by itself for a drinking man. Some of these fellows have a fatty heart.

Try to bear in mind, in treating a nursing woman, that you may physic her baby through the milk. I know of a case where

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a whole neighborhood of doctors had tried their hands at relieving a baby of colic without success until the mother, who was taking arsenic for the relief of neuralgia, stopped treatment. Then the baby got well without further trouble.

Say, ten grains of quinine will wake up an inert uterus, and put vigor into the pains. Better give a round dose of ergot after delivery in these cases, as they are treacherous. Sometimes severe hemorrhage sets up the minute your back is turned, and you know nothing of it until you hear your patient yawning or complaining that she can't see, and turn around to find her almost pulseless.

Say, in neuralgia of the face or headache, if the nose and throat are dry, the eyes stinging and burning, without fever, give iodide of potash in small, repeated doses, until eyes and nose water. Relief will be quick. If there is much fever, employ gelsemium instead. If eyes and nose are dripping, give belladonna.

In rheumatic headache, oil of eucalyptus, ten to twenty drops, acts very nicely, indeed.

Diabetes insipidus improves, as a rule, under treatment with gallic acid and opium, given in pill or capsule.

Say, boys, try this for chronic summer complaint: Boil one or two roots of the geranium mac., U. S. P., in a pint of milk, and give to the baby at feeding times.

Hoffman's anodyne is an old remedy, half-forgotten by some. It will cure most any case of hiccups. It will also relieve angina pectoris.

Uva ursi and arbutin are very disappointing in their action. I have never been able to get any good results from them.

Say, boys, think of sulphur when wanting a laxative for constipated persons who suffer from piles. In skin diseases, combine it with cream of tartar.

For passive diarrheas, or where bowel trouble tends to become epidemic, a lemonade, to which is added five drops of aromatic sulphuric acid to each ounce, is valuable both as a preventive and aid in curing the trouble.

Well, boys, it's time to shut up shop. Everybody is abed but yours truly. I must remember to get some more tobacco to-morrow, and I'll drop this at the post-office if it's not too late for the next number of our good old BRIEF. So long.

[Written for the MEDICAL BRIEF.]

Infantile Hygiene.

BY WALTER M. FLEMING, A. M., M. D.,

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Why the domestic household extant do not devote more attention to the care, exercise, food, and general development of the little ones constantly coming along, is certainly a wonderment. While the babe is comparatively well and has the appearance of getting on all right, even from the mother's breast to the independent getting about, in the old hand way of childhood, they are altogether too often neglected or left to themselves and their own ways of amusement, without care, direction or guidance; thereby often prevails exposure, improper diet, or irregularity of feeding, which is far from a healthy course to pursue, and too often the cause of ills and distress which, with a little care and instruction, could be readily avoided. Too often the mother, worn and fatigued with the constant care of the babe at breast, the necessity of its nourishment at equal intervals, or nearly so, and the too frequent inordinate desire to either feed the little one by a wet nurse, or from some one of the multitude of artificial foods, at the present time so universally exploited and advertised as far superior to the mother's milk, all have their influence to develop a desire to acquit themselves of the necessity of nursing the offspring, at frequent intervals, and instead of substituting either the services of a wet nurse, or supplying the nourishment from some one or more of the popular artificial foods so strongly recommended and so universally advertised as superior to any and all forms of infantile nourishment.

It is conceded, without debate or argument, that if the mother be wholesome and with an ample supply of the natural breast food, and circumstances are such

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that there exists no real reason why the mother should not nurse the child, except it be the inconvenience and task and desire to extricate herself from the irksome necessity of constant attention to the nursling which interferes with the multitude of requirements about the household, and the outings, shopping, visiting, etc., together with the care, perhaps of one or more additional little ones who need looking after, all of which compile a list of exactions, some of which must be abandoned or set aside, and thereby comes the impulse to wean the little dependent and thus curtail one of the most prominent duties and widen the leisure so much desired. If the mother be ill, weak and depressed, it is altogether a different phase of affairs. Under such prevailing circumstances, the mother is often compelled to relinquish the nursing and care of the babe. Primarily, under proper conditions, it is universally conceded that, all factors being equal, and it be consistent, it is best that the mother nurse her offspring until the proper time for weaning. However, it very often occurs that artificial subsistence for the babe becomes a necessity.

The natural and most desirable process of nourishment, under healthy and normal conditions, is to feed the infant from the mother's breast. This is naturally the proper food for the infant; beside which there is an advantage accruing to the mother, for there is unquestionably a sympathy existing between the mammary glands and the other natural organs, whereby, if one fails in its function, there is certain to develop an embarassment to the others. It is therefore eminently desirable, for both the babe and its mater, if the one can avail itself of the wholesome food and the other can fully supply it. There are, however, so many disturbing elements which preclude the possibility, with many, of carrying on lactation in the normal manner. It may be deficient supply, loss of vital energy, maladies of all varieties, or an absolute desire on the part of the mother to wean the little one for many personal reasons, often left untold.

There often prevails disturbing elements which derange and disturb the normal conditions, whereby the mother is prevented from nursing the little one, and supplying sufficient wholesome food. Therefore, it not unfrequently occurs that the services of a wet nurse become indispensable, or absolute weaning of the nursling. The desirability of retaining a wet nurse is that it offers the first best advantage of substituting the mother's milk for that of another woman, providing the substitute is a healthy, wholesome woman, fully equal to the requirement, thus provided the natural feeding is continued.

The multitude of difficulties which arise in procuring an entirely satisfactory wet nurse often preclude the possibility of having the faith of the mother sufficiently firm and well founded as to submit the little one to the care of an incoming comparative stranger. Considering all these vicissitudes, difficulties and expense, readily accounts for the frequent recourse to the bottle or artificial feeding. In the long past the mortality among bottle-fed babies was much greater than at the present time. The improved conditions of artificial feeding with the various goods of merit now marketed gives the infantile contingent well nigh an equal chance with those nourished at the breast. Some prominent recognized authorities go so far as to state that "very often the average infant, artificially fed, or brought up by hand, are better developed, more rugged and manifest more perfect health than those entirely breast nursed."

It is stated also from high authority "that a babe brought up on the bottle from birth, if free from disease, may become strong and healthy on to maturity, if accorded anything like the attention a mother usually bestows." There seems to be no doubt that by proper management a babe may be transferred from the breast to artificial supply with perfect safety, and entirely satisfactorily, escaping all serious gastric and visceral irritation, and thrive without embarassment.

(To be continued.)

I consider the BRIEF the "Ne plus ultra" of medical monthlies. Enclosed find one dollar for the MEDICAL BRIEF to 1904.—WM. V. HOWLAND, M. D., Georgetown, Ind.

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THE MEDICAL BRIEF

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[Written for the MEDICAL BRIEF.]

The Action of the Lime Salts.

BY CHARLES D. F. PHILLIPS, M. D., L.L. D., (ABERD.), L.L. D., (EDIN.), F. R. S., AND F. R. C. S. (EDIN.)

Honorable Fellow of the Medico-Chirurgical College Pennsylvania; Member of the Academy of Medicine of America; Examiner in Materia Medica in the University of Aberdeen; Late Examiner in the University of Edinburgh and Glasgow, and Lecturer on Materia Medica and Therapeutics at the Westminster Hospital. London, England.

The various salts of calcium differ somewhat, not only in the powers of absorption but also in their pharmacological action. The tribasic and neutral phosphates, in small doses (less than five or six grains), when administered with but little water, are wholly absorbed by the acid gastric secretion; but if given with much water, the acid is so far diluted that it does not act upon the insoluble drug, which then passes off mainly by the feces. Raudnitz concluded that absorption occurred chiefly in the intestines, especially the duodenum, but when large doses are given the greater part passes out unchanged.

Gouriet has suggested that the solubility necessary for securing the absorption of calcium phosphate is effected partly by means of the sodium phosphate contained in the saliva, partly by the ammonium phosphate and the acids in the stomach, and when it has passed into the veins solubility is still further assisted by the carbonic acid present in venous blood. During respiration, when carbonic acid is given off and lactic and other acids are altered, the phosphate that has been taken is retained in solution only by the help of normal alkaline phosphates of the blood; if these are in small proportion, the calcium salts are soon deposited (more in bone than in other tissues) and little passes in the urine. If, however, the alkaline phosphates are in excess, most of the calcium salt is retained in solution in the blood until it is excreted through the kidneys. This explanation is too essentially chemical, and must be compared with the observations made more recently by Paquelin and Jolly. They conclude that the tribasic phosphate of calcium is not acted upon in the stomach unless it be by part becoming superphosphate, and this again is precipitated in the intestine under the influence of alkaline biliary and pancreatic secretions; as an insoluble phosphate, it is not capable of absorption, except in small quantities; the circulation conveys but little, and the tissues, except bones, contain only traces, the bile rather more. A certain amount of lime must enter the system from the food, and does so mostly as carbonate, which becomes changed and prepared for absorption by contact with alkaline phosphates and gastric acids, but phosphates given experimentally are eliminated almost entirely unchanged, only some of the acid being absorbed. They conclude that the addition of such compounds to the food is an obstacle to

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nutrition, and that even the soluble acid preparations act only as acid principles, and pass out of the system as phosphates of another base. The calcium phosphate contained in urine and phosphatic calculus, even when primary, is almost entirely formed within the bladder. These views, as they are not in accord with commonly received clinical evidence, require confirmation, but they suggest moderate expectation of cure by calcium salts.

The bicarbonate is soluble by virtue of the excess of carbonic acid and is readily absorbed. The neutral carbonate in small doses (five or six grains) is soluble in the gastric juice, and is absorbed as chloride. The chloride itself in similar dose, and even up to fifteen or twenty grains, diluted sufficiently to disguise its caustic taste (as with three ounces of sugared water), is absorbed without gastric disturbance, and is rapidly excreted by the kidneys; larger doses cause a sense of oppression, with nausea and diarrhea. According to Perl, the chlorine passes in the urine, the lime mostly in the feces. Unduly large doses of lime-water, or of phosphates or carbonates, may cause gastro-intestinal irritation.

Of that which is absorbed an equivalent quantity is eliminated, except during the period of growth, and especially of bone development. There seems to be a power of laying by some of the substance for this purpose, *e. g.*, during the early months of pregnancy when bony growths (osteophytes) sometimes form in the bone of the parent, which diminish with the growth of the fetus. The excreted calcium is found in the urine as acid phosphate and in many other secretions such as pancreatic juice; some may be detected in plastic exudations; sometimes it forms calculi. It is often deposited in tumors, fatty, fibrous, and sarcomatous, and in old inflammatory exudations, as in tubercle of the lung and strumous glands.

Researches by Hoppe-Seyler show that the elimination of lime salts is augmented during prolonged rest in bed, although after a time it becomes again of average normal amount. It is increased also under mercurial treatment and diminished during febrile maladies. About forty-five grains are daily eliminated by an adult.

Lime-water and calcium carbonate, when taken internally in moderate doses, act as absorbents and antacids. The phosphate is astringent to some extent, but the sulphate may alternately confine and relax the bowels, according as astringent or irritant effects are produced. Ringer points out that calcium salts play an important part in the circulation and in most of the other functions of the body; the heart, or any other muscle deprived of calcium will no longer contract. Fishes immersed in distilled water soon die; in tap water they live a long time, but they live almost equally well in distilled water to which a trace of calcium chloride is added.

The most interesting point in the physiological action of calcium salts is their influence on nutrition—the necessity of phosphate for healthy growth, whether vegetable or animal, being especially evident. Experiments with plants have shown that the phosphates are in close relation with the nitrogenous elements. If, for instance, the nitrogenous husk or coating of a seed is removed, the phosphates are removed with it, and in the starchy parts of the grain none are found. In the leaves they occur in the parenchyma, not in the nervules, and generally are most abundant in the cellular parts of vegetables wherein nutrition and reproduction are most active. Wheat planted in earth containing phosphate germinates and thrives, but if all phosphate of calcium be removed, it germinates, but soon dies. Peas (which contain a larger proportion of azotized matter), when similarly treated, germinate and even bear a crop, but if this crop be sown in a soil without phosphates it does not flower. That the improvement in nutrition is not due to the presence or absence of phosphorus as such, but to phosphate of lime, is shown by experiments on birds. Wheat contains a large quantity of phosphate of potassium, and when pigeons are fed upon this alone and are prevented from getting any carbonate or other salts of calcium, they waste away, and their bones become weak and brittle. If, on the other hand, they can obtain lime in any form, it becomes changed into a chloride during digestion, and combining with the alkaline phosphates of wheat, provides them with

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calcium phosphates and secures or favors their nutrition.

There is good evidence that calcium phosphates serve especially to nourish cartilage, bone, tendon and muscle, so that they have been called "restorative or analeptic tonics" to the locomotor organs, just as iron is to the blood, or phosphorous to the nerve tissue. As the result of observations on the reproduction of the shell in crabs, Schmidt found that a combination of phosphate of calcium and albuminous material was most favorable to the formation of osteoid cells; phosphate was required for the first growth, though carbonate was formed later. Bridgman noted the formation of "artificial cartilage" by the passage of an electrical current through a viscous solution of carbonate of calcium. Beneke found that phosphate of calcium was specially abundant in plastic exudations and wherever new growth was going on. He adopted the microscope as a ready means of its detection—and found that if a drop of sulphuric acid were added to the liquid, crystals of calcium sulphate were quickly formed. The organism can assimilate phosphate of calcium either in the soluble acid form (for the liquids and soft tissues) or in the basic insoluble form (for the skeleton); but its effects are produced slowly, and without the evident stimulation which we associate with the action of wine, iron or quinine, so that we describe such calcium compounds rather as restoratives than as general tonics, and as modifying rather than stimulating nutrition.

Besides their effect on ossification, Mouriès has described a special effect of calcium salts upon "irritability" or vital organic changes, so that if these salts are absent, assimilation and nutrition do not go on, and emaciation and death ensue, while if they are deficient, various degrees of lymphatic and osseous disease are produced. He has calculated that the food of those who live in towns is deficient in these principles, and that while every one ought to have at least ninety grains daily, women especially receive only about half that quantity; hence a secretion of poor milk and consequent weakly children, and he claims that by the use of food containing calcium phosphate with albumin, the proportion of still-born and rachitic children in many families has been reduced.

Lime water was formerly much esteemed as an internal medicine, and was given not only as an antacid and astringent, but also as an antiseptic and especially as a lithontriptic or solvent of calculi. It was not unfrequently given in excess and produced irritant effects, but its use now is restricted, and the doses given are smaller and more diluted.

When digestion is accompanied with discomfort and oppression or with acidity, pyrosis and flatulence, especially if there is a tendency to diarrhea and to acidity of urine, lime-water and the carbonate of calcium are more serviceable than alkalies, because they are not only antacid but astringent. I have found them especially useful in the dyspepsia of chlorotic women marked by the above symptoms, and generally by craving for acids and dislike to animal food. For cases of acid dyspepsia, when flatulent distension is not so prominent a symptom, but when there is heartburn and pain with evidence of gastric congestion, the bicarbonate of calcium dissolved with an excess of carbonic acid in an effervescent form is useful, for it is less nauseous to some patients, and more easily tolerated than lime-water, so that more may be given at a time. It may be mixed with an equal part of milk, whilst of lime-water not more than one-eighth part should be used.

For the special symptom of nausea and vomiting from irritative gastric conditions, milk and lime-water is a simple and effective treatment; given frequently in small quantities, iced, it provides digestible nourishment which is better retained than any other form. It is valuable in the vomiting of pregnancy, and even in that of gastric ulcer, in which latter malady only a dessertspoonful in a wineglassful of milk should be tried at a time. The lime acts partly as a sedative to the mucous membrane, partly as an antacid, and partly mechanically by breaking up the curd of milk; it is useful as an addition to cow's milk for children brought up by hand, but in cases where constipation is marked, barley-water or soda-water may be substituted. It is not to be looked upon as supplying additional lime,

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since the small amount contained in lime-water is really less than that in an equal bulk of milk.

In chronic diarrhea dependent upon a relaxed condition of the alimentary canal, and when kept up by ulceration of the bowel, I have used lime preparations with the best possible effect. Bretonneau recommended them in enema for these cases.

In the diarrhea of enteric fever, and of tuberculosis, milk and lime-water may prove of great, if only temporary service, but should not be used in large quantities when hemorrhage or symptoms of acute inflammation are present. The alkaline earth is plausibly supposed to combine with the secretions of the ulcerations, and to form a layer which protects the terminations of sensitive nerves against contact with the contents of the bowels.

Mialhe applied this explanation to the phosphate of calcium, which salt has been much used in the treatment of diarrhea and of acidity, and owing partly to its phosphoric element is considered to exert a special restorative power; according to him, if given with bread and sugar, it becomes changed by the slight acid of the former, and by the gastric acids into a soluble acid salt, which does not itself coagulate albuminous material, but when brought into contact with a small proportion of alkali becomes converted into an insoluble basic phosphate of gelatinous character, which protects the mucous membrane, and checks diarrhea; the nitro-phosphate in this connection is said to be especially good.

Piorry furnishes evidence of the value of phosphates in osteo-malacia, or softening of the bones generally, also in spinal caries or "Pott's disease," and I have certainly seen them beneficial in cases of caries and joint disease. Reasoning from the observation that birds with a broken limb lay eggs without shell during the process of repair, Fletcher was led to administer a mixture of calcined bone, prepared chalk and lime-water in cases of fracture (in man), and reported several cases of early union of long bones.

Milne-Edwards made similar observations on dogs and rabbits, producing fractures as nearly as possible alike, and then finding that the animals which were given calcium phosphate recovered more rapidly than the others; and Gosselin found the same results in men; on the other hand, it has been held that in fractures of old persons, in whom the bones are brittle, calcium salts are better avoided. They have been strongly recommended during pregnancy and lactation in enfeebled mothers, both to relieve their neuralgia, debility, and dyspepsia, and also to favor the development of healthy non-rachitic children; and I have for years recommended their use in backward dentition, delayed power of walking and retarded closure of the fontanelles. These are usual signs of a rachitic tendency, and in the fully developed malady of rachitis saccharated lime is strongly recommended. It is true that although parts of the bones become softened in this disease, and are deficient in lime, calcium phosphates are largely excreted in the urine, so that the fault is one of mal-assimilation rather than of actual deficiency, yet I agree with Ringer that the administration of lime, and especially of calcium phosphate, "appears to control this defective and perverse nutrition, and to induce healthy growth, so as to favor consolidation of the skeleton and improve the condition of soft parts," and that practically they are valuable, though not always alone curative. He compares this use of it to that of iron in anemia, where the fault is equally one of want of assimilation rather than of quantity.

Some have thought that natural salts of calcium; such as have recently passed through organic structures, were preferable to such as have been deposited as mineral. Piorry recommended in softening of the bones and spinal curvature fine filings of fresh bone, one ounce to be taken in milk or rice-milk, and found it succeed when light, warmth and food had failed. Others have derived medicinal phosphates from the vegetable kingdom. Tilbury Fox recommended a strong decoction of bran to be made and evaporated, and the residue mixed with sugar, and a preparation of this kind is largely used for malnutrition, rickets, etc. The advantage of calcium salts in bone disease is traced not simply to chemical and physical processes, but to direct improvement of digestion, absorption and nutrition,

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and such substances as cod-liver oil often produce greater benefit in rickets.

Lime-water was long since commended for the treatment of suppurating glands, and of ulcerations, as well internally as locally. The phosphate was especially found serviceable, though not always curative, in the different manifestations of struma by Beneke and by Stone, whilst Beddoes collected upwards of one hundred cases, including many of so-called "tabes mesenterica," benefited by the chloride, and Begbie has corroborated the good results to be obtained from doses of ten to twenty grains daily.

In anemia and debility, the consequence of overwork and close confinement, or when affecting the young or suckling or menorrhagic women, Ringer speaks highly of the phosphate of calcium, especially when combined with the carbonate and with iron.

In nervous disorders with sleeplessness, and in infantile convulsions, Hammond found bromide of calcium more readily taken and more effective than the potassium salt, and I can confirm his observations. It is richer in bromine than many other bromides.

In the early stages of phthisical anemia and debility, especially in excitable and florid persons with a tendency to headache and dyspepsia, and when in later stages profuse sweating, or expectoration, or diarrhea is present, or when menses are frequent or profuse, the carbonate or phosphates of calcium exert a good influence in lessening such discharges and in improving strength. Even when actual softening has occurred and cavities formed, I have given these salts with the object of assisting cretaceous deposits, and often with benefit. Dr. Murrell, at the Westminster Hospital, London, has employed chloride of calcium in forty-grain doses, given in a tumbler of milk, with much success in the treatment of phthisis. It facilitates the deposit of calcareous matter at the apex of the lung and in other parts affected, and promotes those fibroid changes which are so beneficial from the pathological point of view when the activity of the tubercle bacilli has been reduced by the inhalation of formic aldehyde, pure terebene and other antiseptics. Lime well supplements cod-liver oil, and the two remedies may be suitably combined, since they form an emulsion readily taken by children; one and one-half parts of lime-water to one of cod-liver oil is perhaps the best proportion. Van den Corput, though praising this combination, recommends rather the chloride flavored with anise and such proportions of lime-water as will make a solid jelly, which is even better taken.

If the taking of calcium salts has any power in inducing the calcification of tubercle—and there is good clinical evidence to that effect—and if they diminish the blood-supply of the fibroid tumor and hasten calcareous degeneration in it, it is not unreasonable to expect advantage from them in cases of cancerous degeneration.

Wright, in accordance with his proofs of the chloride increasing coagulability of the blood, has advocated its use in all forms of hemorrhage, epistaxis, hemoptysis and hemophilia, and has published good instances of its power.

There is a consensus of opinion as to the power of calcium salts to relieve uterine hemorrhage. Dr. Rigby published a marked case dependent on "fibrous tumor" treated by the chloride, and others have recorded similar experiences; they give doses of ten minims of the liquor calcii chloridi, increasing by degrees to thirty or forty minims, and continued for some months.

From the power of calcium salts to dissolve organic membranes, they have been recommended in chronic Bright's disease, and in post-scarlatinal albuminuria "to dissolve proteinous infiltrations of the kidney." Kushenmeister reports cases treated by large doses of lime-water and soluble calcium salts, with immediate and marked increase in the quantity of urine passed, and with corresponding subsidence of the dropsy. The amount of albumin was lessened, but sometimes slight hemorrhage occurred.

From our knowledge of the styptic properties of calcium salts, we should expect them to restrain renal hemorrhage rather than to cause it, and Stromeyer and Caspari report the value of the phosphate for this purpose.

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[Written for the MEDICAL BRIEF.]

Transplantation of the Ovaries, with Reconstruction of the Fallopian Tube.

BY FRANKLIN H. MARTIN, M. D.,
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Chicago, Ill.

In January, 1902, after several months of experimental work tending to prove the operation practicable, and after a careful search of the literature for reports of operated cases, I transplanted into the pelvis of a woman of twenty-nine years (whose ovaries had two years previously been removed without her knowledge for dysmenorrhea) portions of sound ovarian tissue taken from a III-para upon whom I had operated just previously for an impacted retroversion, placing the graft in normal salt solution until the second patient could be brought to the table.

Technique.—The method of procedure was substantially as follows: The patient being under anesthesia, a preliminary dilatation of the uterus and curettement was performed in order to render sterile the uterine cavity through which a portion of my manipulation must necessarily be made.

Then opening the abdomen, I exposed a small, atrophied uterus, measuring approximately two inches in length, including the cervix, an inch and three-quarters in width and three-fourths of an inch in antero-posterior diameter. The tubes and ovaries were absent and near each corner of the uterus were a few thin, cobweb adhesions, with slight projections of a quarter of an inch on either side, which represented the remains of the fallopian tubes.

My first accomplishment, obviously, was to reconstruct the remains of each fallopian tube so that we should have a pervious oviduct. To accomplish this, I placed in the uterus a metal uterine sound, in the bulbous end of which I had constructed an eye, and this sound, with its bulbous extremity, was forced well up into the angle of the womb opposite the impervious tube. With the sound pressed well into the corner I split the amputated tube with a scalpel until I came to the small line marking its mucous membrane, and until the sound, pressing upon the mucous membrane of the uterus at its horn, showed through the translucent mucous membrane at that point.

In order to attach the endometrium to the peritoneal coat of the uterus opposite it, I first caught, with a round needle into which was threaded a small catgut suture, an edge of the peritoneum, and then carried the needle deep into the tissue of the uterus until it impinged upon the point of the sound deep enough to grasp the mucous membrane of the uterus. This maneuver was repeated at four different points surrounding the bulging point of the sound until I was satisfied that the peritoneal coat of the uterus and the mucous membrane of the interior of the horn of the uterus were brought together, and then, between these sutures, the sound was forced through into the peritoneal cavity.

The peritoneum was then attached to the line of mucous membrane of the amputated tube in such a way as to give a muco-serous canal directly into the cavity of the uterus. I then threaded through the eye of the sound a No. 4 braided silk suture of sufficient length to enable me to draw the whole silk cord through the length of the uterus and vagina and have material enough for a portion of it to project into the peritoneal cavity to the extent of one inch. The sound was then withdrawn and the suture brought out to the vaginal outlet, and a portion of it left to project into the peritoneal cavity to the extent of about three-fourths of an inch.

I now split the broad ligament beneath the end of the amputated tube, immediately outside of the horn of the uterus, and at that point, hugging closely the tube and uterus, I attached one of the portions of ovary that I had removed for the purpose of transplantation, by placing the raw surface of the ovary in the raw surface made by splitting the broad ligament, and securing the specimen in this position by a series of eight or ten interrupted fine catgut sutures.

The same procedure was carried out in every particular upon the opposite side of the uterus.

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Before closing the abdomen the silk ligature was carefully laid in contact with the ovary, each projecting into the abdomen, as has been stated, about three-fourths of an inch. I employed this ligature as an additional means of keeping patulous the newly constructed oviduct, with instructions that it be removed at the end of two weeks, unless the symptoms called for an earlier interference.

The toilet of the peritoneum was then completed, the abdomen closed, a loose packing of iodoform gauze placed in the vagina, an antiseptic pad applied over the vulva in order to protect the silk ligatures which extended into the abdomen, and the patient returned to bed.

The recovery was ideal. The temperature remained absolutely normal, and at no time was there any indication that irritation was resulting because of necrosis of the transplanted tissues.

My second case was operated in September of the same year, following in detail the technique just described. One of the ovaries had been removed two years prior to this time, and the other one and one-half years before. Laparotomy showed the omentum and a portion of the large intestine adherent to the left broad ligament at the seat of the amputation of the appendages. With some trouble I succeeded in removing all adhesions and bringing the uterus, which was about one inch and a half in width, about three-quarters of an inch in thickness and two inches in length, well up into the abdominal wound. The uterus was considerably atrophied, as these measurements would indicate, and small projections less than one-half an inch in length marked the location of the amputation of the fallopian tubes.

Remarks.—I have followed the subsequent history of these two cases very closely, and that there has been a revivifying effect in the pelves of these women, due to the graft, there can be no doubt, and this success is gratifying in the extreme. It must be noted that in both my cases the ovaries had been removed long enough so that an artificial menopause had been thoroughly established, and for a length of time which allowed a thorough atrophy of the uterus. The primary operations also had destroyed the tubes, or oviducts, thus making it necessary to reconstruct oviducts from the atrophied remaining portions of the amputated tubes and horns of the uterus. Necessity also demanded, of course, that the ovaries should be transplanted from another individual into the individual under repair.

While the future value of this operation can only be estimated after the lapse of a considerable period of time and much careful investigation, it is the author's opinion that the operation described will make it possible to relieve in a large number of cases the nervous symptoms arising as a result of the establishment of a premature menopause following the sacrifice of the ovaries. It is also believed that this operation, as indicated in literature of operated cases, by lower animal experimentation, and by the results of the author's own work, will demonstrate the possibility of re-establishing the menstrual and child bearing function in women who have been obliged to sacrifice their ovaries and tubes.

CONCLUSIONS FROM PERSONAL EXPERIENCE AND FROM THE REVIEW OF LITERATURE.

1. The operation of homo- or heteroplastic transplantation of the ovaries in women or in lower animals is no more dangerous if accomplished aseptically than any other small plastic operation on the appendages.

2. Homo-transplantation of ovaries in women, or in lower animals, will prevent the atrophy of the genitalia which usually follows castration.

3. Hetero-transplantation of ovaries in women or in lower animals will prevent the atrophy of the genitalia which usually follows castration.

4. Transplantation of ovaries from one species into another may result in preventing the ordinary changes in the genitalia resulting from castration.

5. Menstruation will continue in women and monkeys after homo-plastic transplantation of ovaries.

6. Conception has followed homo-plastic transplantation in animals.

7. Conception has followed hetero-transplantation in animals.

8. Conception has followed homo-transplantation of the ovaries in women.

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9. Ovaries transplanted into other localities than the normal will maintain their vitality, functionate and prevent the ordinary sequelæ of castration.

108 State Street.

[Written for the MEDICAL BRIEF.]

Abdominal Drainage in Cases of Ascites.

BY EDWIN A. LEWIS, A M., M. D.,

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Brooklyn, N. Y.

We are sufficiently familiar with the packing of a portion of the abdominal cavity with aseptic gauze in cases of gangrenous appendicitis. We know how the intestines form a limiting wall and shut out the rest of the abdominal cavity entirely. We all know how promptly these cavities close in favorable cases. We are also familiar with those less urgent cases, in which a drainage tube or a strip of gauze answers the purpose.

I do not wish to call attention to the latter cases, however, as here it is not the abdominal cavity which is drained, but small portions of it which have been walled off from the general cavity. In the cases to which I wish to call attention, the whole abdominal or peritoneal cavity is to be considered. Active inflammatory symptoms are not usually present. And on this subject the literature is surprisingly meager. Keating's Encyclopedia, volume 3, page 15, says: "A. Caille recommends permanent drainage by means of a rubber tube, and proper antiseptic precautions, when in ascites the fluid rapidly accumulates after one or two tappings. The number of successful cases on which he bases his advice is yet too small to do more than encourage, but they are sufficient to justify recourse to this method when all other measures are apparently hopeless. Very remarkable results are reported by the German physicians of a similar operation in tubercular peritonitis in the adult."

The above is the only reference I can find to this subject. The overwhelming fear of all the authors seems to be that air will enter the peritoneal cavity, and with one accord they give specific directions to avoid this. I have had this subject in mind for a long time, and my views are outlined in reply to the following questions:

1. Is drainage of the abdominal cavity for ascites ever justifiable?

2. If so, in what class of cases?

In reply to the first question, I would say that the chief argument against it is that the cavity should not be opened to the air. But how can this objection be valid when we are opening this cavity with impunity in all hernia and ovarian operations, as well as those for appendicitis, and even simply for purposes of diagnosis, and the cavity is very many times left open. How can such a small opening as is necessary for drainage purposes be a bar, when long incisions remain partly or completely open?

Again, all the other serous or synovial cavities—except, perhaps, the cavity of the pericardium—are opened and drained without question. Who hesitates in the course of an operation on the cranial vault, to incise the dura freely, if the nature of the case warrants? Who closes the dura when once incised? The retraction is usually so great that sutures rapidly pull out from tension. Still these cases recover rapidly, and without a bad symptom or any sequelæ due to the opening of this cavity.

Again, the drainage of the great pleural cavity is of daily occurrence. No one stops to discuss the propriety of this. The knee joint, the most extensive of the synovial cavities, is drained in appropriate cases almost without consultation. Why not, then, I say, the peritoneal cavity? It is true the extent and delicacy of the membrane exceeds that of all the others. It is true that it is most generously supplied with absorbents; that inflammation once established proceeds rapidly, and is often dangerous to life, and even fatal. Notwithstanding these things, it would seem that we might venture on one step beyond paracentesis, and be justified; we do it in all the other cavities except the cardiac. Without pursuing this question further I may say it seems to me that drainage of the abdominal cavity for ascites is justifiable. It seems to me that there is nothing in the abstract principles of surgery to forbid this conclusion.

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In reply to my second question, "In what class or classes of cases," I believe there is likely to be great difference of opinion. This always happens when new surgical procedures are being established. Even to-day, opinions among the best surgeons differ widely as to the indications for laparotomy for appendicitis, well established as that operation is in surgical practice.

When we call to mind the causes of this symptom, *i. e.*, ascites, we remember their dangerous if not fatal character. Cirrhosis, Bright's—malignant disease—these need no discussion. The important question is, when these unfortunate conditions obtain, where can we hope to be of service by free and continuous drainage? Caille, you remember, is quoted as saying: "The number of successful cases is sufficient to justify recourse to this method when all other measures are apparently hopeless."

I believe we can and will go a great deal further than this. I believe we shall relieve untold distress, and help our patients to a longer lease of life, and in comfort, too, if not give reasonable hope of permanent relief by the practice of drainage early. I should not be in favor of establishing permanent drainage at the time of the first tapping, but, as a rule, at the second, for often the water accumulates but slowly, and sometimes not in sufficient quantity to necessitate operation for a long time. I recall one case where an interval of thirteen years elapsed between the second and third operation, which was necessary only last month. The drainage method will be tried if further operation is necessary.

Over ten years ago I had a case which I tapped forty-seven times. I then tried to get consultants to consent to drainage, but failed. The liver of this patient weighed less than two pounds at the time of her death, and cut like cartilage.

I established temporary drainage in a case of ascites from cirrhosis of the liver, in a patient with ascites, who also suffered from irreducible hernia. I did not try for cure, but drained the abdominal cavity thoroughly through the inguinal canal and left a drainage tube in the internal ring. After some days the tube slipped out and was not replaced. The patient made an apparently complete and prompt recovery. Left the hospital feeling very well after some weeks, with little if any water in the cavity.

I repeat that if a second tapping becomes necessary a short time after the first one, say a few days, or even a few weeks, I believe that drainage at that time will be an advantage.

102 Pierrepont Street.

[Written for the MEDICAL BRIEF.]

Some Practical Points in Skin Therapy.

BY CHARLES WARENNE ALLEN, M. D.,

Professor of Diseases of the Skin in the New York Post-Graduate Medical School and Hospital; Consulting Dermatologist to Randall's Island Hospitals: Consulting Genito-Urinary Surgeon to City Hospital, etc. New York City.

One reason why the general practitioner does not usually succeed as a specialist in skin diseases is because he lacks both the time and the appreciation of the necessity for carrying out the minute details so often necessary to a successful issue.

Much of the work of the dermatologist has to do with the smaller things of life, and it is the amount of attention bestowed upon this minutiæ of practice which makes the distinction oftentimes between the successful and the non-successful practitioner. Take, for example, the treatment of so simple an affection as impetigo contagiosa as it occurs in the adult, contracted usually in a barber shop, and affecting the bearded portion of the face.

If attacked vigorously in its incipiency, cure may sometimes be effected within a few days. If the lesions are not recognized, or the gravity of their existence not appreciated, new lesions continue to appear in groups over an almost indefinite period of time. Peroxide of hydrogen is here a valuable remedy, but, unless applied properly, little good is accomplished. If a firm swab is made by rolling a pledget of cotton tightly upon the end of a wooden toothpick, and dipped in the solution, vigorous friction being applied over the recent lesions, even those which have not yet become vesicular may

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be made snow-white, showing an extension of involvement considerably beyond that made evident by the redness of surface inflammation. Lesions thus transformed, as it were, are often cured by one application, carried out in this simple way.

It is well known among skin specialists that ammoniated mercurial ointment is one of the best applications for this affection, both for adults and children. This is especially valuable after the characteristic yellow, friable, slightly adherent crusts have formed, and also for treating lesions upon the scalp.

Attention should be paid to the child's fingers, since lesions frequently develop about the margin of the nails, and often go unnoticed until the transferred poison has caused lesions to occur on other portions of the body surface. Even in the nurse or mother who has charge of such a case, paronychial lesions may occur about the fingers, and their nature be unsuspected by the family physician until the characteristic vesicles and pustules of impetigo have made their appearance upon other regions.

Another reason why success does not oftener attend the attempts of the busy practitioner is the too great reliance placed upon the salves and soaps supposed to cure all skin diseases in general, instead of exercising the necessary care in differentiating, and especially in seeking the cause of the particular eruption in question. Many so-called eczemas would be more successfully handled if their etiology were more carefully investigated.

In the typical eczema of infancy, occurring shortly after birth, and extending without remission almost through the entire childhood, skill and patience of the family doctor are often taxed to their utmost. Here the question of nursing is quite as important as the choice of the particular remedial agent. Few of these patients require internal medication, the majority being healthy specimens, well nourished and without evidence of systemic disease. Many attacks begin in a seborrheal condition of the scalp, which, if patiently treated, may be kept in so favorable a state that no extension or generalization of the process occurs.

After it is once fairly established upon the face and other portions of the body, the itching is intense, and measures must be employed to prevent traumatic injury from the nails, and friction against clothing, etc. To accomplish this, the parts must be bound up in such a way that injury from scratching is practically obviated. An excellent application here is the Burrow solution, which may be prepared extemporaneously, according to the Billroth formula:

℞ Aluminis ..... 5 grammes.
Plumbi Acetatis..... 25 grammes.
Aquæ Dest.....500 grammes.

But is better if made by the slow process and allowed to settle and be filtered. Cheesecloth may be wet in this after dilution, according to the amount of exudation, inflammation and irritation present in the part, and bound on with bandages so as to secure proper retention, and obviate scratching. Lassar paste here finds also a useful field.

In sub-acute cases, or those with much infiltration, scaliness and dryness of surface, a good quality of tar in from two to five per cent, with zinc oxide ointment as a base, is of decided value.

When the danger of soiling household effects does not enter into the question, one of the best applications is a solution of methylene blue in three per cent strength in water, which is a treatment originally introduced by myself for infantile intertrigo and eczemas about the buttocks and genitals, almost twenty years ago, or shortly after the time that Mozetig of Vienna brought out the anilin dye treatment of malignant diseases. I have used this continuously since that time, more particularly in my private practice, and am better pleased with it to-day, I may say, than at any period of my experience. To prevent an undue amount of soiling of the linen, patches may be dyed, and then brushed over lightly with collodion. This has the additional advantage of keeping the drug longer in contact with the surface.

30 East Thirty-Third Street.

Find enclosed one dollar for the BRIEF. It is the best and cheapest journal that comes to my office.—J. D. MCCULLOUGH, M. D., Columbus, Miss.

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[Written for the MEDICAL BRIEF.]

Symptomatology of Prostatic Diseases.

BY J. LELAND BOOGHER, B. S., M. D.,
Professor of Genito-Urinary Diseases, Barnes Medical College; Physician in Charge Boys' and Girls' Orphans' Home.
St. Louis, Mo.

Having so frequently had my attention directed to symptoms which were relieved by prostatic treatment from which the patient had suffered, it occurred to me that it might be of value to describe some of the symptoms often mentioned by patients, who had frequently been treated locally unnecessarily, without their cause having been discovered. Prostatic disease is usually of such insidiously slow development that symptoms arising in distant parts of the anatomy are, I believe, often supposed to be due to other causes, and for this reason the suffering is allowed to go unrelieved, when, should the cause of the disturbance be discovered, the pains could be cured by direct treatment of the prostate gland.

In the mushy prostatic conditions, the symptom complained of most frequently is the discharge at the meatus, known as the gleet, and in this condition the anterior urethra can be treated until both patient and physician are tired of the effort, and no result accomplished, but treatment of the prostate will speedily produce relief. The heat and tenderness and often constant pain in the perineum are the results of prostatic disease, and are associated with mushy infections of the prostate. Frequency of urination is often associated with this condition, and pain in the lumbar region, most severe on arising, is a very frequent complaint. In these mushy conditions of the prostate, the result of infection, there is sometimes a general malaise and low fever, a nervousness of more or less severity, and a tired feeling, which a night's rest does not seem to relieve. Often in this condition the patient is directed to the necessity of a physician's care by the milky or cloudy condition of his urine, which he considers to indicate diseased kidneys. This is more marked after a horseback ride, or an unusual indulgence in alcohol, or venery, or physical exercise of any kind. In these conditions, spermatorrhea is often complained of, and is at times copious during or after a passage from the bowels, and is sometimes accompanied with blood. Seminal emissions, frequency of erections, early ejaculations, or pain on emission, may be due to the prostatic disease. When the above mentioned symptoms are complained of, it is always advisable to examine the prostate and its secretions, notwithstanding the declarations frequently made by the patient that he has never suffered from a genito-urinary disease.

The symptoms I have mentioned are most often the result of mushy prostatic conditions, the result of infection, but may occasionally accompany a nodular or fibrous prostate, but as a rule, the symptoms complained of in nodular or fibrous conditions are in more distant parts of the body, and the cause of complaint is not so suggestive to the physician. I have frequently examined the prostate where the symptomatology indicated a mental or nervous disease, and found a pathological prostatic condition which, under treatment, was relieved, and all mental and neurological symptoms disappeared. These cases have frequently been referred to me by the neurologist, when the patient supposed his genito-urinary organs were in normal condition.

In the nodular or fibrous conditions, the mental stamina and force of will is sometimes greatly impaired, and the lack of energy so noticeable in these cases is of considerable moment, especially where work and hustle are necessary in a man's life. This is most frequently complained of at about the age of forty-five, when one should be still passing the upward milestones in life. The active business man, when in this condition, feels that he can no longer exert the energy and push necessary in his vocation; the man of large affairs finds after a few hours work that he is mentally exhausted, and those engaged in active business or athletic exercise can no longer continue at the previous pace, and the symptoms are not often referable to a prostatic condition, the cause of which has long since been forgotten. Slight cases, once easily thrown aside, are very irritating and the

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disposition is more or less affected by a deranged prostate. One symptom that I consider of great importance is the ocular symptom so frequently complained of, which was first called to my attention by Mr. Reilly, of St. Louis, an optician who has frequently referred patients to me for prostatic treatment when the only symptom complained of was pain in the eyes, accompanied by water, and the patient's desire for glasses to assist the sight. Prostatic conditions cause an irritation and consequent contraction of the sphincter muscles of the urethra and rectum, disturbing the equilibrium of the sphincter sympathetic centers and a consequent contraction of the sphincter muscles of the eye, which produces irritation and resulting irregular accommodation and apparent astigmatism, at times to the extent of one and one-half diopters, but usually from one-half D. to three-fourths D. In all cases the Cyl. will improve the vision, but the patient can see equally well at any axis varying from twenty degrees to thirty degrees.

It might be of some interest to mention a few cases showing the variety of results that have been obtained by the same oculist, examining the same case at various times. Mr. V. G., of St. Louis, thirty-five years of age, applied to Dr. E., a well-known opthalmologist, complaining of a sandy feeling in his eyes and a constant discharge of water and severe pain in outer canthus of left eye. Dr. E. prescribed glasses as follows: Right eye, plus one-half diopter cylinder, axis ninety, combined with one-half degree prism, base in. Left eye, plus one-half diopter cylinder, axis ninety, combined with one-half degree prism, base in. At the end of four months, the patient, having received no benefit from the use of the above glasses, appealed to another well-known oculist, who prescribed as follows: (Please note that in these glasses the Cyl. to correct the supposed astigmatism was omitted.) Right eye, one-half degree prism, base in; left eye, one-half degree prism, base in. The cylinder was left off, showing that the signs of astigmatism had disappeared, as this condition varies during patient's trouble.

At the end of three months' use of the second pair of glasses, without relief, he was referred to me for prostatic examination. I found, on examination of his prostate, that it was nodular in character, and about the size of a lemon, and on examination of the prostatic secretions, that they contained a mixed infection. The patient had suffered from several attacks of gonorrhea, but for the past three years had not found it necessary to pay much attention to his genito-urinary organs. He had also noticed that his energy was greatly lacking and that after copulation he suffered great pain and tenderness in the perineum, and that for the next day or two his eyes seemed to be very much worse. A short time after treatment of his prostate, he dispensed with his glasses and has not used them for the past four years.

Mr. H. W. H., aged forty-eight years, Southeastern Misscuri, had consulted several oculists for relief of burning, sandy feeling, and constant discharge of water, and pain in outer canthus of left eye. He was referred to me by an optician from whom I heard that he had the following prescription:

Dis. O.D. + 150 D.S. — + 050 D. Cyl. ax 95° } Vis. 20/20
Dis. O.S. + 150 D.S. — + 050 D. Cyl. ax 130° }
Reading { O.D. + 400 D.S. — + 050 Cyl. ax. 95°.
{ O.S. + 400 D.S — + 050 Cyl. ax. 130°.

After treatment by the writer, patient was examined for glasses, and all signs of astigmatism had disappeared, and he wore the above Sph. correction without the Cyl. with entire satisfaction.

It was found by the optician, on revolving cylinder, that the patient could see with the cylinder at an axis of from ninety-five degrees to one hundred and thirty degrees in the right eye, and from one hundred and thirty to one hundred and fifty degrees in the left eye. After the optician had questioned the patient, he found that he had suffered from genito-urinary troubles, and referred him to me for treatment. Six weeks after treatment the optician examined patient's eyes and found that all evidence of astigmatism had disappeared, and all irritation of the eyes had been relieved. On an examination of the above patient, I found an enlarged fibrous condition which yielded but very slight secretions which, upon examination, disclosed no germ life. On questioning him I found that he frequently experienced pain on urina-

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tion. Copulation had ceased to be a pleasure, and was exceedingly difficult of accomplishment, and then only at very rare intervals. He frequently found it impossible to attend to his desk work longer than an hour or two at a time without great exertion. He had also noticed that his memory was failing him. I had the pleasure of a call from this gentleman a few months after I had discharged him as cured, and he said he felt in every way like a new man.

I have so many of these cases that neither time nor space would permit me to enumerate them further, and as there is a great similarity in all these cases, it is not necessary to do so.

I have brought this subject before the readers of this journal because I believe that some of the symptoms I have enumerated have not been generally recognized as being the result of prostatic diseases, and I hope the suggestions made will be of some use to my brother practitioners.

Missouri Trust Building.

[Written for the MEDICAL BRIEF.]

Small-pox Diagnosis Made Easy.

BY F. C. CURTIS, M. D.,

Professor of Dermatology in the Albany Medical College; Physician to the Albany and Child's Hospital; Secretary of the State Medical Society, Etc., Etc.,
Albany, N. Y.

I do not mean to say that the diagnosis is always easy, for I have seen cases that no one could have recognized apart from their context. But the disease has earmarks by which every one can generally distinguish it.

I am glad of the opportunity which this journal affords to outline in a simple way what these are. I believe it is as important as any subject I could mention, because although it is now six years since the present modified type of small-pox has prevailed in this country, or at least in New York State, we find to-day men failing to apprehend it, and not a few denying its identity, and giving it fanciful names.

A disease which protects against small-pox, to which vaccination confers immunity, which at its mildest has the general characteristics of small-pox, and which now and then causes exposed people to have real, old-fashioned small-pox, must be small-pox; what else can it be? Why it is of so mild a type, and generally breeds true to the type, is an interesting though not a practical question. Dr. Lee, of Pennsylvania, has suggested that it may have been attenuated by long existence in a hot climate, where it has long been endemic, and that as such it was brought here as a legacy of the Cuban war.

The diagnosis of this mild sort of small-pox is exceedingly confusing to men whose only knowledge of the disease is the typical description of it given in the text-books. I do not know that any text-book has described the small-pox of the present time, although it has been very widely dilated upon in the current literature. I would base the diagnosis not on preconception of what is necessary to constitute the disease, but on broader considerations.

In the first place, it is a disease most frequently confused with chicken-pox. Chicken-pox almost never occurs in the adult. Consequently, if the subject is past the age of childhood, this fact will almost inevitably determine the diagnosis against it.

Small-pox, as is well known, always has an initial fever of three days' duration. This may be expected even in mild cases; in fact, we frequently see persons who are not conscious of being sick, excepting during the forty-eight to seventy-two hours preceding the appearance of the eruption. This is noted again and again. There is scarcely a case in which some expression of this fever is lacking, and there is no characteristic peculiar to this fever. That the fever should be attended with backache, or some other supposed essential, is not at all necessary. Any kind of fever will do.

Again, the feeling of illness will almost always subside when the eruption appears. This is not the case in any other eruptive disease, which, of course, is well known. Instead of being a continuous fever, it is the rule that the patients will feel better as the skin lesions appear, in many cases getting up and going about; the temperature also falls. This is a marked characteristic. It is likely that in these

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cases, which I call modified small-pox, the patient will not feel ill again. Secondary fever is almost never found unless the case assumes the characteristics of the recognized old typical disease, with a stage of suppuration.

The characteristics of the eruption appearing at the end of the third day will be those of the papule. Chicken-pox at its very earliest is vesicular, almost as soon as it becomes visible. The papule will have a firm resistant feel to the touch. As it enlarges, a vesicle forms at its apex, but it never loses, and this is an important point, its quality of having been a papule. The lesions on the abdomen, not infrequently, even in true small-pox, will have the vesicular quality so marked as to simulate varicella, and, therefore, these should not be trusted to in diagnosis, but on the thicker skin where they come by preference, the hard papular base of the lesion will be appreciable.

The site of eruption will be a help. It will begin first on the face, the forehead; as a rule the eruption appears first on the exposed surfaces of the body. It is very likely to come on the palms and soles. Yet these surfaces are not exclusively the site of small-pox, for chicken-pox appears on the palm also, and the same is true of the roof of the mouth, which may be the site of lesions in both diseases. In chicken-pox it is almost always true that the eruption appears on the body first, and is more abundant on the body, particularly the upper part of the back. If the conditions of eruption, onset and course of these two diseases are contrasted, they show sharp lines of distinction, in cases, at least, where the lines of demarkation are at all well-defined.

This outline of small-pox, having in mind chicken-pox as well, suffices fairly well for other diseases, and they can be dismissed with scarcely a mention. The general practitioner's knowledge of dermatological nomenclature and what names stand for is generally rather limited, and we often hear epidemics called contagious impetigo which are really small-pox. I will not undertake to outline the difference between these two diseases, but commend every physician to study up contagious impetigo, and the same recommendation can be made regarding any variety of scabies with which men are disposed to dismiss mild cases, multiform erythema, herpetiform dermatitis, pemphigus, vesicular syphilis, or any other ill-considered or fanciful diagnosis. I commend to every one to note the few salient factors of diagnosis suggested, which conspicuously characterize the disease under consideration, and then simply add this: Give the benefit of any doubt always to the public, when cases are so mild or abnormal as to be confusing.

17 Washington Avenue.

[Written for the MEDICAL BRIEF.]

The Diagnosis and Treatment of Rectal Diseases from the Standpoint of the General Practitioner.

BY R. D. MASON, M. D.,

Professor of Rectal and Pelvic Surgery in the John A. Creighton Medical College; Surgeon to St. Joseph's Hospital. Omaha, Neb.

The opinion seems to prevail among physicians in general practice that rectal diseases are not of enough importance to merit their serious study; some seem to think they are important, but that the diagnosis is beyond their comprehension.

It has only been a few years since the profession has become aroused to the fact that this was an important line of work, and that many lives might be saved and much suffering avoided by taking these cases out of the hands of charlatans and caring for them in a scientific manner.

This has now become a well recognized specialty and many of the best men in the profession are devoting all their time to it.

That it is important is readily seen when we realize the fact that not less than ten per cent of all adults are at the present time suffering from some form of rectal trouble varying in degree from the mildest form to malignant stricture that will soon prove fatal.

There are no diseases with which I am familiar that cause more suffering and annoyance and that so completely unfit one for the duties of life as these, and on the other hand, there are none in which greater relief and more positive results may be obtained by proper treatment.

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It has been my experience repeatedly to have patients sent to me by their physicians who were so anemic that they were nearly bloodless and who had been under the care of most competent men for months and taken large amounts of iron and arsenic with no benefit. These physicians knew most likely that their patients had hemorrhoids, but did not realize that they were daily losing blood in amount greater than could be replaced by medicine. The loss of a small amount of blood daily for a long time is more debilitating than the loss of a large amount at one time, as in the latter case nature rallies to the rescue at once and the loss is soon made good, while in the former the blood-making powers are so weakened by the continuous loss that they do not respond promptly.

It is not enough that your patients tell you, as most of them will, that they "have piles," but it should be ascertained what variety they are or whether it may not be some other disease of a more serious nature.

Within a period of about six months I have had five patients come to me thinking that they had piles, who in reality had cancer. None of them thought that anything serious was the matter with them, and yet they were all so far advanced that but little encouragement could be offered them in the way of cure by operation. Had these patients been operated on when the disease was first noticed, they might have been cured, or at least have had their lives much prolonged.

Now these mistakes in diagnosis seem to be entirely inexcusable, and yet there are some reasons why the doctor is not entirely to blame. In the first place, the patient, thinking that he has only a mild case of piles, does not say anything to his doctor about it, but buys first one then another of the many remedies advertised for the cure of this disease. In the meantime, the malady is steadily progressing to a point where a cure is impossible. Then again, many patients do not themselves know that they are losing blood at every bowel movement, and if they did know it would not attach any very great importance to it, and probably say nothing to their doctor about it.

Then again, many people do not like the idea of having to submit to an examination and will deceive their doctor, thinking in this way, because of a false sense of modesty, to avoid exposure. In this case both are to blame, and they should part company at once unless every means possible is used to arrive at a correct diagnosis.

Another reason that the general practitioner fails in these cases is that he goes about it in the hardest way possible to arrive at a correct diagnosis, and as a result, fails. Instead of using his eyes and fingers, he seems to think that some mechanical appliance is necessary, and at once thinks of a speculum. As a matter of fact, there is but little need of this instrument unless the patient is under the influence of an anesthetic. Most of these troubles are within the reach of the finger and can easily be felt, or seen, if one goes about it in the right way. There are two conditions, however, that cause discomfort, mainly by displacement of the parts that cannot be seen or felt while the parts are in their proper condition. I refer to venous internal hemorrhoids and prolapse. Unless greatly indurated no one can see or feel piles unless they are forced out, as they recede among the normal folds of mucous membrane and can in no way be distinguished from the latter. The same thing is true when the speculum is used, the blades of which so disarrange things that to an inexperienced person nothing abnormal can be made out. The same holds true with prolapse. When, however, the parts have been forced outside of the body, the diagnosis becomes easy, and all that is necessary is to distinguish between the two conditions.

As showing how errors may occur from these two diseases, I will briefly describe two cases that came under my care. A most intelligent man, from Iowa, came to me and stated that he had a prolapse of the bowel. I asked him how he knew that he had, and he replied that he "knew from what he had learned by talking with doctors about it, and that he could tell by the feeling, and also because he had sat over a mirror and could see the parts

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plainly." In addition to this, he had consulted a physician just before coming to see me, and he had examined him with a speculum, and told him that he had a prolapse. This doctor probably arrived at his diagnosis by what the patient told him before examination; in other words he confirmed the diagnosis of the patient because he did not know how to make one of his own. I found that he had nothing in any way resembling a prolapse, but that he had large internal hemorrhoids, and an operation for the latter cured him,

Another patient was a lawyer, who was being treated by electricity for piles. After several weeks' treatment, with no relief, his doctor told him that he had so much prolapse that he would have to go to Chicago and have three or four inches of the bowel removed. He also informed him that it might result in incontinence, which would leave him in a sad condition, to say the least, especially when on his feet addressing a jury. I found that he had no more prolapse than is often associated with hemorrhoids, especially when they are large and well up in the bowel. Such prolapse needs no treatment whatever other than the removal of the tumors which are crowding it down from above. When they are gone the prolapse will go back and stay there. This man was easily and permanently cured by an operation for hemorrhoids. Both of the above cases illustrate errors of diagnosis that should not have been made, and that could have been avoided with a little care.

Still another reason that the physician in general practice does not attend to these cases is that many of them require an operation under an anesthetic, and because of lack of hospital facilities, trained nurses, etc., he does not care to undertake them himself, and hesitates to send them to a specialist for fear the patient and his friends will think him ignorant and lacking in ability, and also that the specialist may say something to injure him. Both of these are very short-sighted views of the matter, as any intelligent patient will think more of his doctor who succeeds in curing him, even though he has to refer him to some one else. It is the cure he is after, and he is not very particular how it is brought about. The public have come to realize that no man is able to grasp all that there is in the science of medicine, and that it is no disgrace to refer certain cases to others for treatment. The specialist who would do or say anything to injure his brother in general practice is not worthy of notice. From a purely business standpoint he could not afford to do so, as he gets most of his patients through the profession, and he would soon find the supply running short.

Some do not seem to know that they ought to be able to see and feel in these cases. Without the aid of any mechanical appliance whatever, there may be seen on the outside external hemorrhoids, the external opening of the fistula, the thickened parchment-like or eczematous skin of pruritus; the moist appearance indicating a catarrhal condition farther up; fissures, partly prolapsed internal hemorrhoids, venereal diseases, abscess, and after a little experience, the bulging or unusually prominent appearance of the parts indicating hemorrhoids farther up. There may be felt on the outside the tracks of old fistula, and by gently pulling the anal opening apart, fissures and ulcers that are too high to be seen without doing this. Occasionally the lower end of polypoid growths and pin worms may be seen. By introducing the oiled finger into the bowel, there may be felt first the condition of the sphincter muscle. It will be found to vary greatly in different persons. In the aged infirm and debilitated it will be found in most cases to be weak and relaxed, as it is also in many persons who have been troubled for a long time with piles, due to their constant protrusion and return, which gradually weakens the muscle and causes it to lose to a large extent its strength and firmness. In the young and vigorous the muscle will be found firm and resisting, contracting tightly on the protruding finger. Sudden force should not be used, for gentleness will soon overcome the resistance. Pain is not as a rule complained of in the healthy muscle, but if a fissure or irritable ulcer be present, it will be very severe. Farther on may be felt the internal opening of the fistula, the depressed rough edges of ulcers, polypi, and

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stricture, if not too high. Hemorrhoids, if well developed, may be felt after a little experience, although, as before stated, this is a very difficult thing to do. By pressing the finger as far as possible, all that part of the bowel likely to be diseased may be felt, and experience soon teaches one to distinguish the prostate, neck of the bladder, coccyx, uterus, etc. By placing the finger in the vagina the whole lower part of the anterior wall of the bowel may, in some cases, be turned out.

Among the more common diseases that fall into the hands of the general practitioner, are abscesses and fistula. These are so closely allied that one can not well consider one without the other. When an abscess is threatened, but there is doubt as to whether pus is actually present or not, it is an error to apply a poultice, as is so often done. Pus finds its way toward the interior of the bowel more easily than it does toward the outside of the body, and while the effect of the poultice is being waited for, an opening is likely to be made through the bowel wall, and later, when it breaks or is opened on the outside, a complete fistula is the result. If there is doubt about there being pus present, apply ice, but if reasonably sure that suppuration has occurred, open freely. In case the abscess starts from the inside of the bowel, as is often the case, a complete fistula is sure to result. Taking all abscesses as they occur, a fistula will result in not less than ninety per cent of the cases seen, mainly because of the fact that they come to the doctor too late.

There are two or three other things that the doctor in general practice might improve upon. One of them is the thrombotic pile. This form of the disease is seen more often than any other kind. It comes on suddenly and is very painful, and is really the only kind that is very painful. It is caused by the rupture of a very small vein and the formation of a clot of blood in the connective tissue. It is a foreign body and the tumor should be incised and the clot turned out. This tumor may be recognized by its blue or bluish-black appearance and the fact that it is so painful. Medicine applied to it does absolutely no good, because it is not absorbed, and if left to itself it will require from ten days to two weeks for it to disappear. Turning out the clot will give relief at once.

Another trouble that might more often be relieved is fissure, or irritable ulcer. This is the most painful of all rectal troubles, and will soon break down the health if not attended to. Many cases will not yield to any treatment short of divulsion, but often a cure may be brought about by the use of astringents and antiseptics. Silver nitrate in from ten to twenty per cent is probably the best application. Strong solutions should not be used, especially the stick, as it simply burns the external surface of the ulcer and leaves the deeper parts untouched. By the use of cocaine, the parts may be rendered painless, and a very sharp knife drawn through the ulcer. This cures by giving the parts rest and time to heal. I have advocated this method very strongly in my book on "The Office Treatment" of these troubles, but the general practitioner seems to think it is done to establish a new irritation, but this is not the case, as the ulcer will heal after the muscle is incised, even though it be done on the opposite side from where the lesion is located.

500 Brown Block.

[Written for the MEDICAL BRIEF.]

Pneumonia.

BY SIMON BARUCH, M. D.,

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The great fatality of pneumonia at the present time would indicate that little progress has been made in its management, inasmuch as the percentage of deaths seems to be almost as large as that in the day of venesection and spoliative medication. My view of the causes of this apparent lack of change in the mortality statistics, despite the great improvement in our knowledge of its etiology, symptomatology and pathology, is that the doctrines of Hippocrates (*nil nocere*

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and *vis medicatrix naturæ*) have been neglected.

In my student days I was taught to attack pneumonia as an enemy and to fight it with might and main. Venesection, cupping, blistering, mercurialization and non-sustaining diet were the weapons with which the pneumonia was attacked. I have seen a vigorous soldier during the Civil War succumb to this depreciating medication while one lung was actually passing through resolution. To-day I would regard this case as an example of a recovery from pneumonia accompanied by the death of the patient. Our own Austin Flint, perhaps the greatest American clinician of modern times, taught the expectant plan, under which the mortality seemed to decrease. This plan consisted of meeting the symptoms of the disease as they arose. This practice, which I followed ten years, proved unsatisfactory, because the lethal complications were combated too late in many cases to avail for the patient's recovery. It was a repetition of my experience in the management of typhoid fever, in which substitution of a prophylactic course precluded the need of meeting those complications which usually lead to a fatal issue. Pneumonia is no more a disease of the lung than is typhoid a disease of the intestinal canal. I take it that pneumococcus enters the human organism through the mouth, expends its force upon the lungs primarily and from this nidus of development and multiplication sends its death-dealing forces into every organ, by affecting seriously the central nervous system. The Eberth bacillus enters the organism from the gastro-intestinal canal, expends its force upon the glandular structures of the small intestine and from this nidus of development and multiplication sends its destructive agents through the entire organism, chiefly expending its force upon the central nervous system, both being a general infection whose chief manifestation is in the central nervous system, which is rendered incapable of supplying the organs with the necessary functionating capacity.

I have endeavored to substitute the expectant mode of treatment, though far superior to the previous spoliative treatment, by the same measures which have proved so remarkably successful in typhoid fever. In the latter disease the Brand method of bathing, modified in accordance with each individual case, has signalized its value not by any curative principles but by reason of its prevention of lethal complications, such as stasis in the lungs and other organs. In pneumonia the application of water below the temperature of the skin has proven of equal value. Here the Brand bath, though advocated with much warmth by medical director Vogl, of the Bavarian army, the same gentleman to whom we owe the most valuable statistics on typhoid fever, is not in my opinion so valuable in croupous pneumonia by reason of the usual complication of pleurisy in the latter; moreover, the resistance to temperature reduction under water procedures is less in pneumonia than in typhoid fever. Hence, a different method of applying cold water must be adopted, which will be referred to later. The chief point of the newer management of pneumonia is that not the symptoms or manifestation of the disease, nor the disease itself, is treated, but the *patient*. All our efforts should be directed to the maintenance of the patient's capacity to resist the encroachment of the depreciating products of pneumococcus infection. The disease runs a short course, and if we can sustain the patient through the latter the battle is won. This can not be accomplished by reducing the temperature with antipyretics, or the pulse with veratrum viride, nor with producing sleep with sulphonal, nor by relieving cough with morphine, nor by filling the stomach with concentrated foods or alcoholic stimulants. While most of these measures are useful, applied to a moderate extent, their secondary effects are depreciating inasmuch as they interfere with the circulation, renal and other excretory functions.

The following simple plan I have found most useful during the last ten years. The patient should be constantly and unintermittently supplied with fresh air; no matter how low the atmospheric temperature is one or more windows should be open and if the room temperature is unpleasant to the nurses the latter must protect themselves by extra clothing. A

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patient having a febrile temperature will not be disturbed by the low atmospheric temperature of the room. He will be refreshed by it and be supplied with all the oxygen he needs, and thus require no artificial supply of oxygen later in the disease. *Obsta principiis* should be the physician's motto in the early stage of the disease—we must meet the enemy while he is still weak. After his forces have been gathered and the patient's resisting capacity has been diminished, we are handicapped. Inhalation of concentrated oxygen will not rescue the patient, while a good supply of oxygen before he lapses into an enfeebled condition prevents the latter.

The patient should be kept absolutely quiet and removed from all possible interruption by members of his family; only such of the latter as are capable of nursing him should be admitted to his room; he should use the bed-pan, even though he has an antipathy to it. The diet of the patient is important only because, as a rule, he is over-fed. Four ounces of milk or barley broth every three hours is the maximum I administer. The patient is attacked in the midst of health, as a rule, and the disease is of short duration, hence there is no need for burdening his stomach with food; in most instances he is incapable of assimilating it.

The drinking of water at 40° F., (not freshly made ice-water) and at regular intervals from one-half hour to an hour, two to four ounces, is refreshing by reason of the gentle shock to the mucous membrane of the stomach and the consequent stimulation of the action of the heart. I have found it as efficient as a similar cold application to the skin.

With regard to stimulants I am, perhaps, heterodox, and I rarely use them except in habitual alcoholics. The stimulation of the heart which ensues upon the application of hydrotherapy suffices to maintain the force of the pulse within a safe limit.

Of medication I have little to say, it being my object to aid nature in throwing off the disease and not to interfere with any of the functions. I am in the habit of clearing the decks for action, as it were, by administering ten to fifteen or twenty grains of calomel dry upon the tongue, to be washed down by water. This destroys any pneumococci that may be lodged in the mouth, acts upon the bowels, clears them of all irritating material and leaves the alimentary canal free and untrammeled. It rarely produces diarrhea. In fact, it is sometimes necessary to use a laxative in addition.

Hydrotherapy is the most efficient remedial agent in this as in every other infectious disease. In the croupous pneumonia of adults I am in the habit of applying wet compresses whenever the temperature (rectal) is below 100° F.; three or four thicknesses of old linen are cut to fit the chest by slitting holes on each side so that it may be applied as high as the clavicle and the nucha. A piece of flannel two inches wider and longer than this linen is cut in a similar way. The linen is now wrung out of water at 60° F., more or less thoroughly, in accordance with a higher or lower temperature. It is smoothly placed upon the flannel. The patient is turned on one side, one-half of the bandage, flannel and linen together, is folded underneath the side upon which he lies. He is then turned upon the outside portion of the compress, his arms are raised by an assistant, the wet compress is rapidly thrown over his chest and covered by the flannel, securely pinned. This is repeated every hour, *provided always that the compress feels warm before it is removed.* A second bandage is prepared before the first is removed and applied in a similar way. Oiled silk over the compress is to be avoided; though it protects the bed it converts the wet compress into a wet dressing or poultice. This simple application of hydrotherapy, made for the purpose of arousing reaction and not for cooling, will accomplish more for the maintenance of the patient's nervous and circulatory forces than food or stimulants or medication. If the first sound of the heart becomes feeble or absent hypodermic injections of one-fortieth of a grain of strychnia every four to six hours have been found useful.

The rationale of the treatment is still further detailed in the second edition of "Principles and Practice of Hydrotherapy" (1904), and need not be further enlarged upon.

2 West Seventy-Second Street.

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[Written for the MEDICAL BRIEF.]

Prudery in Medicine, in Law, and in the Fine Arts.

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That certain nations, certain races of people, often exhibit predominant national or racial characters and characteristics goes without the saying. It is equally true that such distinctions as we have in mind may be possessed by one group of people, while they may be utterly lacking in another. For example, among the Chinese we have the worship of ancestry, while among certain North American Indians and tribes of Africa no such characteristic prevails, and neither a Sioux nor a Soudanese cares a rap about their antecedents. The representatives of one nation may delight in travel, exploration and adventure in foreign parts, while another race may be so wedded to domesticity, governed by love of home and the atmosphere of ancestral surroundings that to leave the environment amounts to positive distress and hardship. Just such differences are to be seen in the Norwegians and the Swiss, for example, where those of the first-named nation are natural-born rovers, while those of the second are, as a rule, the veriest stay-at-homes on the face of the globe. And so it goes for other characters and characteristics, such as the exhibition of superstition, of cunning, of bravery, of treachery, of fair dealing and the like. We have whole races or groups of people notorious for their innate sense of justice, while others hardly know what the word means. Some people are truly modest by nature, others are totally the reverse; in some the curse of prudery prevails, stunting some of the finest qualities known to mankind, while in others there has developed so high a degree of the love of nature and of the natural that among such people, to be charged with being a prude is considered in the light of a gross insult, and prompt resentment invariably follows the casting of the stigma.

It has long been contended that the present-day descendants of the Anglo-Saxon stock are the most unmitigated prudes in existence, and there seems to be much to warrant the accusation. When I say Anglo-Saxon, I mean to distinguish the typical representatives of that ethnological group, wherever it may occur—on the continent of Europe; among the Isles of Great Britain; in the Americas, or elsewhere. Exactly why this is the case it is now probably far beyond the power of man to discover, for doubtless it is an ancestral trait that arose at the time the race was in its infancy, and the development of modesty and immodesty in their various modifications were in their formative stages. However this may be, it is now a well-recognized fact that of all prudish people, the English and the Americans, that is, the unmixed stock, take the palm. As it would be highly improper for me to discuss here the objectionable traits of our cousins across the sea, what is stated is meant to apply more strictly to the people of this country of Anglo-Saxon origin. There must be some truth, in fact a great deal of truth, that prudery largely prevails among us, or else we would not hear it so frequently said by others that we "are a nation of prudes." That it is an unmitigated curse to any race there can not be the least shadow of a doubt; and that it is, when strongly pronounced in any people, a powerful impediment to the progress of art, to the development of a true and natural morality, and to good ethics, as well as an ever present drawback in literature, the arts and sciences and other activities, is equally beyond the pale of argument.

People entertain many ideas as to what constitutes a "prude" and what "prudery" really is. Both words are defined for us in the Century dictionary, the first as being "A woman who affects rigid correctness in conduct and thought; one who exhibits extreme propriety or coyness in behavior; occasionally applied also to a man," and the second as "The quality or character of being prudish; extreme propriety in behavior; affected coyness or modesty; primness." (Vol. VI., pp. 4808, 4809). It is undoubtedly true that we have a far greater number of women among us of this kind than we have men.

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Perhaps a hundred to one, or even a greater proportion, and, as this is the case, their sway in any community, as a whole, inevitably has its influence on the career and the character of the nation. In order to largely understand the bearing of this subject, as I have it in mind, the student should read such admirable chapters as the one on the "Evolution of Modesty" in Dr. Havelock Ellis's "Studies of the Psychology of Sex," and similar works.

Few there are indeed who fully understand what constitutes modesty, or know much of its origin and evolution, or even can exactly define what immodesty really is. In the chapter to which I refer, Ellis remarks, "Many psychologists, including Sergi, have regarded modesty simply as the result of clothing. This view is overturned by the well-ascertained fact that many races which go absolutely naked possess a highly developed sense of modesty. These writers have not realized that physiological modesty is earlier in appearance and more fundamental than anatomical modesty. A partial contribution to the analysis of modesty has been made by Professor James, who, with his usual insight and lucidity, has set forth certain of its characteristics, especially the element due to "the application to ourselves of judgments primarily passed upon our mates." Westermarck, again, followed by Grosse, has very ably and convincingly set forth certain factors in the origin of ornament and clothing, a subject which many writers imagine to cover the whole field of modesty. More recently, Ribot, in his work on the emotions, has vaguely outlined most of the factors of modesty, but has not developed a coherent view of their origins and relationships. The subject is, indeed, complicated by the difficulty of excluding closely allied emotions—shame, shyness, bashfulness, timidity, etc.—all of which, indeed, however defined, adjoin or overlap modesty." (Evolution of Modesty, p. 6.)

Many there are to-day, when asked what they understand by prudery and prudism, unhesitatingly answer that the terms are synonymous with "false modesty," and with the various ways false modesty exhibits itself. If there can be such a thing as false or pseudo-modesty, then, to some extent, this definition is true. That the meaning of the terms are sometimes confused is well exemplified by what the late Dr. Irving C. Rosse says on the subject in the *Virginia Medical Monthly* for October, 1892. He refers there to "New England prudishness" and "the colossal modesty of some New York policemen, who, in certain cases, want to give written rather than oral testimony," adding that "I have known this sentiment carried to such an extent in a Massachusetts small town that a shop-keeper was obliged to drape a small, but innocent, statuette displayed in his window." The present writer has seen scores of instances of this character, and when those arch enemies of art, Comstock's detectives, become periodically and especially active, it is truly extraordinary to see the effect upon the high-class art establishments, and even the studios of artists. Shame, America! A valued friend and correspondent of mine, in writing me from New Haven, under date of July 15, 1904, says, "I was interested in your article in the *Times-Bulletin* to which you kindly called my attention, especially in your statement of the increasing intelligence and refinement of those who pose for a living. It confirms my belief that the model's profession is entirely consistent with modesty and self-respect, and I hope it will yet be honored as it deserves to be. Its usefulness in ministering to our love of beauty, and in giving us correct ideas of proportions and appearance of a healthy body, as a standard for our own physical development, ought to be better known and appreciated.

"Why is not seeing a beautiful figure as legitimate a source of enjoyment as hearing a beautiful voice? Objection to either is the result of false education or a perverted imagination. When anybody is the victim of bad teaching or thinking, one is as open to objection as the other. I know of a case in point as regards the voice. In a Christian church in an oriental country, the men begged the missionary to forbid the women singing in church because the sound of female voices filled their minds with bad thoughts. The wise missionary let the women keep on singing, and told the men

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they would soon get accustomed to it and their trouble would vanish! So in displaying the human figure, instead of the system of repression and suppression in vogue in this country, I think the wiser way, and one more conducive to good morals, would be to let people get accustomed to it. So I consider that you, and the editors of the *Times-Bulletin*, in printing your articles, and the publishers of *Physical Culture* and *Beauty and Health*, are doing a good work in trying to accustom our people to the contemplation and study of the human form. It is conducive to good health and good morals; but it is up-hill work, for our people are strongly prejudiced against it. This, as you say, is doubtless a race peculiarity, and hence is deeply imbedded; but it may be greatly modified by what one gets accustomed to. Thus, in my own case, I have none of it, for I was born and brought up in an oriental country where the sight of the human figure in ordinary domestic life is taken as a matter of course. Hence it is impossible for me to object to it, as most people here do. I greatly admire figure studies which display health, intelligence, refinement and purity, as the best of such studies do. I understand that you are of the same mind on this subject, and it is that which attracted me to your writings. * * * I am glad to learn from this morning's paper that the President, with his usual good sense in such matters, has decided against the prudes who objected to the display of the fine forms of the Igorrotes at St. Louis as indecent. He says that they need not wear any more clothes than they are accustomed to. The best of it is, that the 'Board of Lady Managers' agree with the President. Is there not hope that we may yet outgrow our present reputation as a nation of prudes?"

With respect to the Igorrotes, Professor Frederick Starr, of the University of Chicago, had some sensible remarks to make on the subject, a part of them having been quoted in the *Evening Telegram* (New York City, July 20, 1904, p. 12). He said:

"It is shameful how this immodesty of our people is trying to force this outrage upon these people. I am sincerely sorry for the good people of our land whose sense of propriety would be offended by sight of one of the most interesting peoples of our country exhibited in their natural attire.

"It would be cruel and dangerous to compel these people to don trousers. They would suffer greatly from the heat and there would be danger of infection and disease. They are a well developed people and have no deformities of body that might grate on the nerves of the supersensitive. You can not make civilized citizens out of them in one summer, no matter how much our very modest friends would like to have this done.

"The people who have been filing their protest with the officers of the Fair are really to be pitied. They do not know what the Fair is for. These strange people are on exhibition as representatives of a peculiar semi-cannibalistic people. They dress scantily, to be sure, but what of that? They appear at the Fair just as you would find them if you visited them in their native state."

It would be as well for some of the prudes of this country to know that in certain quarters of the world it is only the prostitutes who are clothed, while the modest members of the community go naked. Again, in Uganda, if one is caught naked on the street, the penalty is death, and yet the morals of that particular African tribe are simply infamous. In the case of the female, nothing is more chaste than complete nudity, a fact I know from long experience in photographing the nude model. In the vast majority of cases, it is the partially clothed female form that excites the passions of the opposite sex, and it was Du Maurier who said in "Trilby" that "Venus herself, as she drops her garments and steps on to the model throne, leaves behind her on the floor every weapon in her armory by which she can pierce to the grosser passions of men."

On one occasion, a favorite model of mine told me that it was her practice to disrobe as soon after entering the artist's studio as possible, for, as men are not always responsible for their emotions, she felt that she was far less likely to arouse or excite them when entirely nude than when only semi-draped.

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In any civilized nation prudes, be they males or females, are quite harmless when they are but few in number, and this is equally true in the case of negroes and other objectionable elements. The influence of prudism only becomes dangerous and destructive when its representatives are markedly numerous in the community, and especially when they come to occupy places of power and authority. From my own personal observations, too, I am convinced that the element of jealousy enters very largely into the character of the prude, and as jealous persons in power are almost invariably cruel, narrow, and arbitrary, the danger just referred to is by no means diminished.

When prudery gains full sway and authority among any nation of what we may be pleased to designate as civilized people, the danger it presents to the true progress of science and art is only to be compared with what the priesthood accomplishes in a similar position. In the first instance, our coming to a broad understanding of nature is interfered with, while in the second, the promoters of superstition threaten the methods and achievements of science. The first preys upon moral sentiment to attain its ends, the second upon the religious one.

In fact, when the fanatical prude comes into power, and begins to swing his censorial club of sexphobia, held in his grasp of ignorance and depravity, swayed by his perverted mind and being, then, indeed, may liberty of action, thought and speech look well to their interests, for the death of all freedom is close at hand.

In medicine, it means a prudish handling everywhere, in practice and in literature, of the facts and truths of anatomy and physiology, to the consequent curtailment of the safety and comfort of the people; it means a danger of the highest order to public morals and to the coming race in general, and our youth in particular. In law and in the courts, it means incessant attempts to stifle all evidence having to do with sexology, in all its varied phases, to the encouragement of perjury, injustice and legal rottenness; it means a direct and successful assault upon all that is conveyed in the freedom of speech throughout general literature; while in the fields of art, in whatever way the human figure may be portrayed, reproduced or described, it means that the pen of the author, the brush, pencil, or camera of the artist, the tools of the sculptor, and the methods and ends of them all are eventually to be entirely controlled by the dictum of the prude, the censor in sexology, the authority of the sexual pervert, and the ignoramus in every field, that, combined, constitute a true and progressive civilization, a healthy people, with a clean and high standard for morality and endowed with a love of freedom, without which no nation can long succeed.

471 West One Hundred and Forty-Fifth Street.

[Written for the MEDICAL BRIEF.]

Dietetic Glycosuria.

BY R. O. BEARD, M. D.,

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The term diabetes serves no longer any useful purpose save to unify the group of diseases, the several members of which are not yet well recognized, and which has, as its one common condition, an excess of sugar in the blood. Given that excess, the physiologic selective power of the cells of the renal glomerulus, as to sugar, is at once excited and elimination, the clinical evidence of the excess, follows.

This statement at once suggests the variety of causes which may contribute to this excess of sugar in the blood at large. Without proposing to discuss, at this writing, the diverse nature of these causes, it seems a timely thing to urge into more general recognition than it has hitherto received the fact that a glycosuria is not at all of uncommon occurrence, which is dependent upon dietetic conditions and may be cured by dietetic means.

The observation of this dietetic glycosuria in medical practice would be much more frequent if urinalysis, in the study of minor ailments, were more of a routine practice than it is. It is more frequently seen in childhood and youth than at any later period of life, and yet it has been clearly demonstrated, in the

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writer's experience, in maturity. Such a dietetic glycosuria is susceptible of physiologic explanation as well as of experimental proof. To this end the following propositions may be recalled:

Carbohydrate food-stuffs are the principal source of sugar supply to the tissues.

The liver is the principal storehouse of carbohydrate material.

Glycogen is the storage form in which this material is retained, not only in the liver, principally, but in other tissues in lesser but varying quantities. The dextrose of the portal blood is dehydrated into glycogen down to a normal percentage, and glycogen is again hydrated into dextrose for the maintenance of a normal sugar supply in circulation.

Enzymic action is probably responsible for these transformations upon which glycogenic storage and the limitation and maintenance of the quantity of sugar in the blood alike depend. Such enzymes may be either of hepatic or of pancreatic origin.

Whether in point of enzymic influence or in point of storage or metabolic capacity of the liver cells, *such transformation is physiologically limited* and the range of function varies in different species, in different individuals and at different ages.

Ergo, it follows, upon these propositions, that a dietary in which carbohydrate materials are in excess of the immediate capacity for conversion and storage will tend to the occurrence, temporarily, of an overflow of sugar through the portal circulation into the blood at large, and, therefore, as a consequence of the excess, to the elimination of sugar by the kidney. The result may be very properly termed a dietetic glycosuria.

Selected cases in point: *Case 1.*—Twelve years ago, M., a male patient, aged thirty-seven, married, in supposedly good health, barring some slight digestive limitations, presented himself to the medical examiner of an old-line insurance company upon an application for life insurance. His examination revealed no untoward condition of any kind, excepting a small quantity of sugar in the urine. He was rejected and sought the writer for diagnosis and treatment of his assumed disease. Repeated analysis exhibited the vagrant presence of a trace of sugar in the urine. His consumption of starch and sugar, which had been over-generous, was diminished and the glycosuria at once disappeared. The experiment was again and again repeated under reversing conditions of carbohydrate indulgence and diminution, and always with the same result. The patient quickly learned and observed his limitations, and so long as those limitations were observed, no glycosuria reappeared. The urine has been examined frequently through the succeeding years of his history and always with the demonstration of this dietetic cause and effect.

Case 2.—K., a child of eleven years, male, of rapid and unusual growth, but of digestive delicacy, suffered an acute attack of intestinal dyspepsia. Routine examination of the urine revealed the presence of sugar. No diabetic symptoms were present; no polyuria, no thirst, no emaciation. After recovery from the acute disorder the urine was watched. It exhibited traces of sugar at frequent intervals, but not invariably. Careful regulation of the carbohydrate diet speedily led to the disappearance of the urinary sugar. Removal of restrictions, which never amounted to complete denial, was followed within five or six days by reappearance of the glycosuria. During a period of several months the conditions were continually watched and with entire constancy of results. Gradually the capacity for carbohydrate storage increased and a larger latitude of sugar-producing foods could be tolerated.

Other cases of similar history might be cited to illustrate this class of transient glycosurics.

Prompted by their observation the writer has pursued the subject by the study of lower animals in this relation. The herbivores, with their large tolerance of carbohydrate supplies, have great glycogen storage capacity, and they do not readily exhibit, so far as the writer has been able to determine, the indications of dietetic excess. Among other classes, the dog is peculiarly liable to diabetic symptoms. His tolerance of carbohydrate food is relatively small. Large supplies are not voluntarily consumed, and when mixed with other and more usual articles of dietary, yield very

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quickly the evidence of excess in the appearance of glycosuria. The transiency of the result is a marked feature in this animal. The occurrence of a dietetic glycosuria is not accompanied by any other evidence of ill-health.

The subject is one which will bear further inquiry. It makes one among many forceful reasons for the routine analysis of the urine. In many an acute disease a dietetic glycosuria will be found which is precedent to or only an incident of the disorder, which frequently persists after recovery and is readily controlled by dietetic care. Such observations suggest the frequency of dietetic excess in the carbohydrate field and introduce a new element into the consideration of what may fairly be termed, in America, the sugar habit.

It should be borne in mind, of course, that the urine is not inapt to contain other reductive substances than sugar.

[Written for the MEDICAL BRIEF.]

Topical Quinine, An Analgesic and Jugulant in Erysipelas—A Study.

BY EPHRAIM CUTTER, L.L. D., M. D., (HARV., 1856), (UNIV. PENN., 1857).

New York City.

Rationale.—The new use of a good medicine is equal to the good use of a new medicine. For some years the writer has used quinine ointment, one drachm to one ounce of vaseline or lard, as a topical application to the inside of the nostrils and turbinated bones for hemicrania, as he has also used likewise the morphia salts ointment, one-eighth grain to one drachm of lard or vaseline for abscess over the eye, frontal neuralgia, meatitis of the external ear, carbuncle and boils, with good results for the most part and with reliable satisfaction in inflammatory conditions. The rationale of the quinine for the hemicrania was its easy absorption by the Schneiderian erectile mucous membranes. The rationale of the morphia salts is not so easy, save that the quiescence of the pain saved the curative forces for nature and there then was dynamics left to do the healing. Be these as they may, the rationale of quinine in erysipelas was to kill the vegetation causing same and thus help nature cure.

Nearly twenty-four years ago the writer was poisoned by animal secretions entering by a nail puncture on the second joint of the left index. The finger and the hand were swollen, reddened like erysipelas, but no blisters, and there was intense pain, especially about the wrist joint. Chills and fever: insomnia. The morphia ointment was used without success. The index was laid open over the whole first phalanx; some relief, but the wrist pain kept up its tune. The rationale above occurred to me and was put in operation. To my great surprise and relief the pain soon ceased. The edges of the wound that gaped open in folds, sutureless, of themselves came down and united in what is now a linear scar. It should be said that the diet was the best broiled porterhouse steak to be had, with coffee once or twice a day. That the case was serious may be inferred by the dicta of these medical giants, Sims, Sayre, and Salisbury, who all advised to stop all business for that of getting well, deeming my life in danger. Since then I have used the quinine as an analgesic and jugulant in erysipelas, when I have had a chance, and it has been satisfactory, as it was in a recent case of a man who for years had worked hard for seven days in a week and had been exposed to bad drainage by work in unsanitary cellars and dwellings. His nose was the site. The erysipelas spread over his face, swelled the head and colored the same with spectacular redness. There was disturbance of digestive organs, fever, and the case looked as if it would be severe. His Sabbath labors and weeks without rest made prognosis serious. But the free use of quinine sulphate, one drachm to one ounce of vaseline, was followed by the subsidence of the exanthema and pain so that in a few days he was dismissed from treatment convalescent. Diet sustaining.

As this paper is a "product of application in preliminary efforts," it must be taken as suggestive only. Should it realize the expectations or not, the writer would like to hear.

Flat-Iron Building.

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[Written for the MEDICAL BRIEF.]

Is the Awful Death Rate of Consumptives Unavoidable?—What is the Status of the Family Physician with Respect to the White Plague?

BY PAUL PAQUIN, M. D.,

Member American Medical Association, North Carolina State Medical Association, Tri-States of the Carolinas and Virginia; Mississippi Valley Medical Association; Honorary Member St. Louis Medical Society; Member American Public Health Association. Asheville, N. C.

On first thought the question that constitutes the chief title of this paper will be answered about as follows, which is, in substance, the usual reply to inquiries of the kind: "Most of consumptives die because their disease is incurable." This is the false idea prevailing largely among the laity, and a large portion of the profession, and yet it has been declared and proven by experience that consumption is curable to the extent that the word cure can be justly applied in any disease so protracted and rebellious.

What is a cure? In the most reasonable sense, speaking with respect to all diseases, it means the disappearance of a given malady as known to the physicians by its pathologic entity. Does it include the complete eradication from the system of all the lesions, scars, alterations, transformations and complications in the structures, functions and natural conformation of organs that result from disease? By no means. A bullet may penetrate into some vital organ, and destroy various kinds of tissue in its course, but when the wounds it has produced have healed the bullet disease, so to speak, has ceased to exist, though structures and organs remain impaired from fibrous cicatrices, weakened by interference with functions and by limitation of physical energy. When the various characteristic symptoms of scarlet fever have all disappeared this disease is called cured, though the heart and kidneys may forever suffer as a consequence, or grave affections of the glandular system may follow. When all the well-known symptoms of pneumonia have left, we say that the lungs are cured of pneumonia, although areas of their substance may have collapsed or have been altered so as to be by opacity, or for some other reason, functionless. When la grippe has seized a person we call that person cured of it when all its well-known symptoms have disappeared, even though its deleterious consequences on the respiratory organs, the blood, the general system, in fact, may appear permanent, and make one easy prey to untold numbers of more or less serious affections.

The same reasoning seems to be sound in consumption, and while not forgetting so-called latent cases, in which it is alleged the affection may suddenly rekindle, we can not escape the conclusion that pulmonary phthisis is equally curable, and as completely cured very often as other affections, that are less far-reaching in their destruction of the system. In this I do not include any other tubercular trouble than that of the lungs, such as tubercular joints, lupus, etc., which also may be arrested.

When a patient exhibits such symptoms as infiltration of the lungs, night sweats, fever, cough, characteristic sputum, throws out elastic fibers in the expectoration, or still more, shows some special clear evidence of softening of tissue, or of cavities forming or formed, that patient surely has pulmonary phthisis in a more or less advanced form. What should be called a cure here? A condition wherein the sweats, fever, infiltration, softening and characteristic sputum have ceased without recurrent activity for a reasonable length of time—some months to some years, according to cases. But what about the already weakened parts by softening? What about the cavities in existence? The former contract, and there occurs formation of scar tissue—fibrous and functionless as to breathing capacity; the cavities, if small, contract also, and heal likewise; the lung cavities become capable of protecting the surrounding structure, and thereby the system more or less by the slow development of a dense whitish, fibrous membrane lining them to their outlets into the bronchi in the manner of the inside of a china cup. These lesions, alterations, etc., are the direct result of

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consumption. They persist in some form until death, which, in many such cases, as most physicians have seen on the dissecting table, may not occur until late in life—years sometimes after the last symptom of consumption had left. In fact, it is a common thing to find in institutions where *post-mortem* examinations are made that such old cases of consumption, healed years before, exhibiting numerous kinds of scars, die of some other disease than consumption.

While I would prefer to avoid personal references to myself, it seems necessary to say that after some fifteen years of rather close study, investigation, clinical work and observation, as well as from outside authentic and reliable sources, I have gathered what I consider definite and positive evidence of the curability of the "white plague," even in advanced and complicated stages sometimes. Indeed, I have seen desperate complicated cases survive and become again in fairly good health, happy and live long after their restoration. I know persons to-day living years after their battle against the disease, who are active and working, with cavities and fibrous areas in the lungs. I date their recovery from two to ten years back, respectively, when they were practically bed-ridden; some were hemorrhagic; a few of them had been sent away from home under the gloom of professional hopelessness and general discouragement. Are these cured? Call their present condition what you will. They live to enjoy their labors and their duties. A number of them have gained great weight, and much strength. They have their old scars, but their old disease long ago ceased to be active. To say the least, consumption in these was arrested. May it recur? Yes. So may typhoid fever in one previously affected. So may pneumonia. So may numerous other affections in a formerly affected person to all appearances cured. However, the wise and cautious physician will bear in mind the theory of possible smothered cases—the latent kind alluded to above, which I have found to be frequently a mere bugbear.

Why is it then, if consumption is curable sometimes, even in so grave situations as here indicated, that so comparatively few of the millions involved yearly are fortunate enough to be saved from fatal termination? First, it is because a correct diagnosis is generally made too late—usually when destruction and general prostration have lowered the vital forces beyond rehabilitation. Second, it is because as a consequence of this tardiness in diagnosis the proper measures of treatment are almost always inaugurated when the case is beyond hope, and in any event are rarely pursued with consistency and persistence from the start. A physician may feel in his mind that consumption is brewing in such or such persons in the families which he attends. He regrets it, and worries about it, but generally he does little or nothing to ward off danger. Indeed, in such circumstances, we all occasionally fail in courage, and feel that it were useless or presumptuous to offer advice. Yet, then and there we fail in our duty. Even when asked we are too frequently apt to dodge and say, "Oh, that's nothing. Only a little catarrh," or we suggest "that it's only a little bronchitis," or a "cold," and we prescribe a cough syrup, perhaps, which by its narcotic or sedative effects too often proves the very material that masks the true nature of the disease, until beyond remedy. Later, when sadness overwhelms the afflicted families, when sickness prostrates the victim, we yield to the demands for the last straw—a trip to the mountains, or to the sea perhaps, or we ourselves insist upon just such a measure as the only remaining chance. Alas! how terribly common these belated efforts to save suffering and life, throttle the last hope, and take away the last cent of the afflicted.

Of all the members of the medical profession the family attendants are the most favorably situated to save consumptives, and control its ravages. They know their professional families. They see early in the children and parents the lurking dangers. They hear the first little hacking coughs, and their trained mind quickly notes the threatening symptoms. They learn of the first sweats and spitting of blood before any one outside of the family. They are more or less fa-

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miliar with the histories and circumstances that favor and determine the fastening of the first cause of consumption, and they realize the first manifestation of it. They realize at an early date of the brewing trouble that this or that patient, or the parents thereof, or those more closely interested should be wisely and cautiously advised. They feel that if suitable and able to be sent to another climate such patients should be given this opportunity without delay, if nature and professional aid elsewhere is to be of service, but so many of them hesitate, procrastinate. Some, because seemingly they have no faith in curative measures, others because they believe they can accomplish as much at home as a specialist abroad, or as the climate or both forces jointly, and, properly, too, many having had some good results feel entirely justified to apply treatments at home for indefinite periods under their own supervision. With this in mind, it should be remembered, by the way, that the family physician is as much entitled to a fair pecuniary reward for his services, trials and tribulations of general practice as is the specialist, and that as long as he sees hope in a case no one will say that he is not justified in keeping in attendance, when in relinquishing such a case to others, he loses well-earned and deserved emoluments.

It would seem evident then for the purpose of saving lives now, and for the ultimate eradication of the "white plague" that the practitioners should always act early and promptly in every case, that they should co-operate with each other, and those whose work is more regularly in the line of tuberculosis, and all physicians should strive in harmony to arrest and cure this disease. Since it is true that the consumptive usually does better when sent away from the locality where the disease originated, it will serve the purpose of the home physician and the patient also to reach quickly a proper agreement with a competent and trustworthy health resort attendant who would report to the former medical director. By this means the patient will get the best of care and the home physician and family will keep in touch with him. In other words, patients in need of a change, and who are in a position to be helped by it should have it at the first suggestion of pulmonary trouble, and should then and there get under the joint supervision of the family attendant, and a new one at the resort, both being entitled to a joint share of remuneration throughout. Would not this ethical and common sense method with home physicians and those abroad, where the sick gather, incite earlier attention to consumptives and tend to save more of them from suffering and decay? The present slipshod, haphazard, and often distrusting methods, unload thousands upon thousands away from home at the very point of death, creating thereby most always more or less feeling against the family medical adviser, who sent them on. Would it not be fairer to the patients and their families for the physicians to thus join hands to save their afflicted? Would it not keep the home physicians in more sympathetic and more useful touch with their far away patients and relatives at home, and relieve these physicians of worry while reaping such a share of the fees as might be just for joint care and treatment? Would it not largely eliminate that deplorable tendency and unfortunate policy among certain physicians everywhere to send patients away with a warning to go to no doctor, the consequences of which are that many such patients commit fatal imprudencies for want of advice on the ground, and because of their ignorance of the influence of a new climate in which they are suddenly placed? These suggestions often come to one who lives in a resort where so many congregate for recuperation. The patients themselves, when arriving hopeless, complain of their home doctors.

I do not mean that no good results can be obtained at home by proper therapeutics. It is well known that consumptives have been cured everywhere by right management and treatment, by Nature unaided, but to be justified in holding out hope for such results to any one should have had much past experience in consumption with its various phases, because there are many hundred kinds of

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it, and few men in general practice have had the chance to see a large number; furthermore, because of the countless individualities with different powers of resistance which are involved, each one being largely a law unto itself.

Unfortunately the vast majority of consumptives can not go away. Many of these victims fall the prey to the secret patent medicines of the wonderful miracle working class *without open formula.* Whether desperate or not, the consumptive, particularly the one who can not leave home, if he fails to find hope and courageous efforts in his physician to save his life, he will resort openly or secretly to the medicine vender, will buy anything without knowing its constituents. For this situation the physician is not altogether blameless. What should be done for these at home? I would merely give a brief outline by the way, as I intend to write later on, if possible, giving experiences in treatment. First in the treatment of tuberculosis is food. Among these meats, milk, eggs in plenty—a dozen whites a day raw—and the maintenance of a stomach capable to digest. The proper conduct of this dietetic measure involves more close attention and experience than is usually thought essential. The second most important feature is outdoor life, night and day, if possible, at least in wide-open rooms. This also demands much good judgment and experience. In third order comes special treatments to arrest, or interfere at least, with the phthisical developments. They may be by inhalation, hypodermic injections, internal medications, or all three methods. They vary, of course, and some parts are included or excluded according to the nature of the cases, complications, if any, and the various forms, stages, extent, etc., of the morbid processes. Remember in this connection that a vast number of consumptives with good stomachs have become dyspeptics through the injudicious use of creosote, and that certain stomachs do not tolerate creosote or guaiacol at all. In the form of thiocol, however, most stomachs tolerate these drugs, and sometimes good results follow. As a general alterative tonic the old notion that the iodine in cod liver oil is the chief agent that gives this oil merit is pretty well founded. Good iodine is available without the nauseating oil. With it and some form of arsenic that can be used steadily the year around without any bad effect, prepared by such methods as will insure a palatable uniform preparation, easy on the stomach, one can add a great deal of permanent strength and solid weight to many consumptives, thereby aiding Nature, increasing resistance to disease, and helping to really destroy the cause. I know patients who think this remedy entirely responsible for their cures. Of these arsenites, the cacodylates (organic arsenites) of the French (see French Academy of Medicine reports)—unquestionably lead, while for a happy combination of iodine, stimulants, etc., cacodal itself, the foremost of cacodal formulas (openly published), leave little to be desired for internal antitubercle medication. I sometimes add to it, however, nux vomica in capital doses. Coming more or less under the heading of drugs may be mentioned artificial food for those whose stomachs can not be maintained strong enough to digest natural substances in sufficient quantities. Among these are beef juices, as Wyeth's, bovinine, and such preparations as plasmon, all of which are useful in malnutrition, particularly in cases when lavage of the stomach and digestants have failed. In the very anemic iron may be added to the cacodylate preparations. Of these the peptonates and manganese of iron, as Gude's, are particularly useful.

My chief purpose, however, in this paper it not treatment, as I have stated, but it is to urge the most constant and closest possible observation of every patient, or suspect, in every family by the family physician himself, and the most searching examinations, repeated, if necessary, for diagnostic purposes. Such examinations should include every point of history available; auscultation and percussion should be thorough, and on the bare skin, the former with the phonendoscope, or stethoscope. The findings should be written down for future guid-

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ance, as well as to compare with the reports of the specialist who may be selected for temporary treatment abroad. This paper is to urge also sincere, more trustful and more methodical professional, sanitary and business co-operation between the family physicians and the reliable physicians in health resorts. Such a co-operative system is largely pursued to-day between practitioners and leading surgeons of the country, both profiting scientifically in the success obtained, and both reaping their just rewards for their services. Furthermore, this conduct is not only within the spirit and letter of ethical medicine, but is wholly for the betterment of all concerned, and the reduction of suffering and death. On the other hand, if physicians sent patients away with arrangements for them in advance through some resort physician, these patients would be on their arrival properly taken care of, and led into proper boarding houses or sanitariums, and they would be avoided damaging company, inadequate or commission hash houses, medical drummer sharks, who are stealthily after the sick and strangers without scruple or pity. Besides, such patients would be insured a proper start in their respective conditions and new climate, thus avoiding the many pitfalls of health-seekers, who often, with fatal damage, as indicated before, rely on themselves or home medical advice in their course of treatment, or their efforts in dealing with climate alone. It would seem then, reasonable to conclude from every point of view from which the situation may be studied, that the cause of arresting consumption interesting the public and the profession so universally now would be served to good purpose to all concerned, sick and well, the profession included, if the general practitioner at home would put himself in advance in touch by correspondence when he has patients to send away with those whose lives are spent almost wholly among consumptives, and in efforts to cure them.

DEAR BRIEF.—Enclosed find one dollar. Come on, you are good enough for me.—J. W. COAKLEY, M. D., Mt. Etna, Iowa.

[Written for the MEDICAL BRIEF.]

Plastic Iritis.

BY CHARLES DEADY, M. D.,
Professor of Ophthalmology and Otology in the New York Ophthalmic Hospital; Dean of the College of the New York Ophthalmic Hospital.
New York City.

The most important point in the management of plastic iritis is its early recognition. This is not by any means easy in the rheumatic variety, in which plastic adhesions may already have formed before there is any redness or much pain, indeed, scarcely more than irritation. The one symptom which is noticeable is the contraction and immobility of the pupil, and even this is readily passed over by any but an expert.

The patient may simply complain of a slight irritation, as of a foreign body in the eye, and no other sign may be present except the contracted pupil to indicate the real condition. These cases, of course, are somewhat rare, the greater number of them being accompanied by pain, redness, etc., but even with these symptoms present, a careless observer may mistake the disease for conjunctivitis, or some other disease of minor importance.

The diagnostic symptoms of iritis are a purplish rosy zone of congestion around the cornea, which may include all of the conjunctival area—but the purplish rosy color is deepest in all cases around the cornea, shading off to a brick-red elsewhere; a contracted and immobile pupil, a velvety appearance of the iris, and a discoloration of the iris, as compared with the other eye. The change of color and the velvety appearance, may result either from haziness of the aqueous humor, or from swelling of the iris from vascular engorgement, or both. Pain, neuralgic in character, either in or around the eyeball, or in some of the branches of the fifth nerve of the corresponding side, usually, but not always relieved by heat. In the majority of cases, pain is aggravated at night. These are the salient symptoms which define the disease.

Treatment.—The first indication in iritis is to force the pupil wide open. Why? The crystalline lens, lodged im-

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mediately behind the iris, a bi-convex lens, projects forward at its bulging center sufficiently for the pupillary edge of the iris to rest upon it under normal conditions.

Simple plastic iritis is essentially a disease in which, after congestion, a plastic lymph is exuded from the pupillary edge of the membrane, which is thereby firmly bound to the surface of the lens. If the disease is allowed to obtain sufficient headway, these plastic adhesions will extend completely around the pupillary margin, gluing the membrane at this point throughout its extent, to the lens, constituting circular synechiæ and shutting off the lymph circulation of the eye, with all the attendant dangers.

It will be readily seen that the prime necessity under such conditions is the removal of the edge of the pupil from the surface of the lens. This can only be done by dilatation, the curvature of the lens being such that the dilated pupil does not touch it.

The prevention of adhesions is the first consideration, for the reason that if these obtain to any extent, the eye may be permanently crippled in a few days; while, a wide dilatation of the pupil once obtained, the physician is given time to cure the disease proper, which may exist for weeks and even months without resulting atrophy.

The best mydriatic is probably sulphate of atropine in the proportion of four grains to the ounce. While if used continuously this is apt to induce a secondary glaucoma, if the patient has a tendency thereto, or produce some conjunctival irritation, it is a reliable mydriatic, other things being equal; but it must be chemically pure, otherwise symptoms may develop which would not have appeared if a pure drug had been used.

As a temporary remedy for pain, where heat is indicated, I have found a bag of salt, heated, to be of service; occasionally an ice bag will serve better, but not usually where the inflammation is rheumatic. The patient's desire for heat or cold is to be considered.

As to drug indications, the syphilitic varieties call for one of the preparations of mercury of iodide of potash, the rheumatic variety may be treated by the various rheumatic remedies, according to general symptoms. The patient should be confined to bed, the eye kept bandaged, and the bowels kept open.

151 West Seventy-Third Street.

[Written for the MEDICAL BRIEF.]

Some Hygienic Suggestions for the General Practitioner.

BY EVERETT DENNISON HOOPER, A. M., M. D.,
Professor of Medical Chemistry and Toxicology in the College of Physicians and Surgeons, Boston, Mass.

A little attention to hygienic principles will often start a case on the road to recovery when medicines alone are unavailing. These are within the reach of the local practitioner and he can bring about good results among his patients, and in many instances save the trouble and expense of calling a specialist.

In the winter, especially, many of the sick rooms we visit are not "quarters of recovery," but admirably adapted for the cultivation of disease germs. We are not always called upon to treat the very rich, or the very poor; the average is the middle class, and I will mention one case (that of a child of eight years) which I visited as consultant, to illustrate my subject. There were two doctors already in attendance; a third was called, at the father's request, for further consultation, as the child was growing steadily weaker. I found the house closed, dark, and every appearance of being unoccupied. On entering the hall, I found rugs had been folded at the threshold, the windows in the hall and library had all been tightly closed, and those in the hall above had been reinforced by bed-covering to keep out the cold. The windows of the sick room were tightly closed and covered. A lamp, well-shaded, attempted to fill the room with fumes of kerosene, and between hot blankets, surrounded with soapstones and flat-irons, all very hot, lay the sufferer with fever, cough and sore throat.

Simply asking to have the patient placed in another room, I made a thorough examination. Now, that room was enough to give me a sore throat, had I remained there any length of time. The window in the hall could have been kept slightly

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opened at all times, and the house could have been properly ventilated by opening all the windows at intervals, meantime wrapping the patient carefully. I found the child had no serious lesion, and with proper medicine and hygienic care, would soon recover.

As important, therefore, as food or medicine, is proper ventilation. Have your patients' rooms filled with pure air, and as much sunshine as possible. Too much bed-clothing must also be guarded against. Dust on the furniture may be perfectly safe as long as it remains there, but thrown about the room by the modern duster it is certainly a very disagreeable companion for the sick room.

These conditions must be looked after by the attending physician, as well as the more complicated ones. It is on this very point that success depends. Many of our severe complications of the kidney, in cases of scarlet fever, pneumonia, and other contagious diseases, might be avoided by judicious, simple hygienic conditions. This includes also the right kind of food at hand, and not a prescribed course for every case.

Besides this, teach patients the value of time; that minutes are divisions of time and may be wasted in useless puttering. That when they are ready to do a thing, to do it carefully and quickly, and when they have spare time, to use it in resting, and preparation for the next work to be done.

Teach them to avoid worry. Anger and worry are not necessary ingredients and can be done away with as completely as one wishes, with nothing but gain to the individual. You can not make your patient stop worrying by telling him to, but you may replace the worry by some other attitude. Teach him to be punctual at meals and elsewhere, and systematic in his habits; this with the suggestion of food values will lessen the amount of disease you will have to contend with, and increase your usefulness as a medical adviser.

Warren Chambers.

Enclosed find draft for one dollar, amount of subscription. I anxiously await the coming of the BRIEF.—L. TORRENCE, M. D., Blakesburg, Iowa.

[Written for the MEDICAL BRIEF.]

Auto-Suggestion.

BY A. A. LINDSAY, M. D.,
Principal St. Louis College of Suggestion.
St. Louis, Mo.

Since, as fully defined in the August MEDICAL BRIEF, scientific suggestion is the introduction of an idea into the soul, and which therefore produces results involuntarily and according to its tenor, auto-suggestion would likewise be an idea introduced into the soul, and have that effect for its fruits, being introduced there by the self.

Auto-suggestion is the most prominent factor in all the world of things remedial, whether it be augmented by one school of medicine or another, by one saint or another, by one religion or another, by one witch or another, a rabbit foot, a buckeye, a large potato or a small one, an affirmation of Christian or Divine Science or an unfeigned belief in a man's big toe, big name, or in a fluidic, magnetic emanation, as Mesmer's patients believed. There is no case in which the self-suggestion of the patient is not a curative element except in a few instances, such as when the mind of the patient is put in abeyance, the soul brought uppermost, and the idea introduced directly therein by the physician. In that demonstration it is not essential, though helpful, to have the favorable belief of the objective mind of the patient.

Every one who aims to treat the sick either intentionally, ignorantly or scientifically caters to the auto-suggestion of the patient.

I would that all would become acquainted with the scientific application of auto-suggestion, and I believe that when one fully realizes what a pre-eminent element unfavorable auto-suggestion is, and sees what it is doing in the matter of making functional and organic derangements he will seek to invoke the aid of such a power, and apply it scientifically to restore and maintain a healthy state, for I do believe the physician is not desirous of increasing or reserving those conditions that might be for his commercial benefit, but that he aspires to establish every force hygienic.

My esteemed contemporary, Dr. Pitzer, in his excellent book on "Suggestion,"

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cites the instance of a lady who systematically took up the fixation of her attention upon the development of her mammary gland, and that she directed her thought to one until it had increased two and a half inches, and then used her auto-suggestion toward bringing the other to a corresponding proportion. I understand she was directed to work out this plan so that there could not be a possible claim of the development being co-incidental, as would have been possible had both developed at one time. To the psychologist, the thought that auto-suggestion would increase fatty cells is not strange, for it matters not to what part one's attention is directed, it increases the nutrition of the part. All that any one needs is to think she has a tumor forming at a certain location and her fear and expectancy (auto-suggestion) will build it there. If mother and auntie had a tumor or a pain at thirty, the family doctor and the neighbors and auto-suggestion will fix Mary the same way.

An easy test as to the possibility of increasing the nutrition of a part by attention is to fix your mind upon your finger for a little while. The reason I say for a time, is because it is not your mind that makes the change, any more than in the hypnotic state is it the mind of the operator that makes changes in the patient's body, but by the concentration of your mind you are sending the suggestion down to the soul that presides over the processes of nutrition, including the circulation. In five minutes you will feel a great tension in the finger, and by actual measurement it is larger. Sending increased blood supply to a part will increase its nutrition if repeatedly done.

There is not a tissue of the body but what this power of auto-suggestion has made its impress upon inorganic changes.

The Stigmatics in their intense, emotional desire to experience what they believed were the physical sufferings of Jesus did through their fervent devotions assisted by the ever-present picture of the Crucified One and the scars, utilize in the most efficient manner the power of scientific auto-suggestion, and through authentic history we are assured that the impress as of the puncturing, lacerating wound resulted in full measure and satisfaction to these nuns. That the interpretation of the phenomena being miracles is but the demonstration of the ever tendency of the human mind to count all things miraculous that occurred outside of the laws then understood, and especially if the phenomena were connected with religion.

In the days of witchcraft when they killed the ones whom they thought were in league with a conception of evil, they called the Devil, they aimed the blow at the wrong head, for it was the auto-suggestion of the self-made victims that were the criminals that produced the evil. A witch, a man, a devil, a god, and even a hypnotist, has that power over you that you concede to either to have.

Just as in the sixteenth century witchery the condemnation was misplaced, so in that which we class as modern, benight of witchery, Christian Science, the so-called healer is wrongly credited with curing, and so unjustly persecuted therefor. It is not the healer that does anything, but it is the auto-suggestion of the sick one. If there be crime in being healed through Christian Science belief, then the patient is the criminal. I do not want to be sarcastic, and make it too impressive as to how frequently as physicians we have been accredited with curing, when it was this same auto-suggestion of the patient that did it all, and the relic of a saint or the laying on of hands of a priest, or the application of the b'g toe of a Greatrakes, or a Gasner, or the magnetism of a Mesmer, or even a bit of mixed clay, could have done as much as the most learned doctor, for they one and all afforded the occasion of the patient's taking unto himself a suggestion that he was being healed, and this suggestion, when it becomes a belief in the soul, which is fully explained in the August and September BRIEF, under the caption, "What is Suggestion," will produce functional and organic changes that make the patient well.

I am not offering a suggestion that there is no efficacy in medicine, for I refer above to those cases where persons are supposed to be healed by Christian Science, that they could have put their auto-suggestion upon God, man or devil, or *materia medica*, and been healed by the power within.

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I do not believe we need to persecute the Christian Science healer quite so much, since we know it is the patient cures himself, and instead of persecuting any, let us educate all so they know that their souls do the work, and should be honored by the credit being fully ascribed to it.

Since it is conclusively shown what a factor auto-suggestion is, let us look now to a means of its scientific application. I suppose it is a matter of well-nigh universal demonstration that if one take thought before going to sleep that he will awaken at a certain, even an unusual hour, that somehow he is awake at the very minute. That is an auto-suggestion that the mind fixes upon the never sleeping soul. If the soul presides over our functions while asleep, and it will count time and bring us to consciousness promptly as told, it will perform any other office within its power through the same admonition. It is a matter of accurate knowledge that systematically taking thought concerning physical changes that are desired, if this desire is expressed in thought to the soul the changes take place.

The principle remains true, even though not every man who has commanded his soul to fix him up while he sleeps got immediate repairs.

Self-healing is not always a success, and I doubt that it ever will be, for one or two reasons. In the first place when one takes unto himself the suggestion that he is getting well, and the cause and symptoms of disease are disappearing, right by the side of that suggestion goes the contrary consciousness and suggestion that the disease is there. He still prefers, then, to pin his faith to the drug so he can hand down the suggestion that something having been done he will now get well.

With this understanding the doctor can avoid much of the ruinous drugging, and get results with harmless agents. If such an indirect auto-suggestion like the Christian Scientist uses in his affirmation that disease is only an idea, a shadow, or the Divine Scientist who affirms "All is Good," and thousands upon thousands are getting cured through this sort of auto-suggestion, surely with this education, and the direct auto-suggestion turned toward removal of cause and symptoms, marvelous results must come.

Doctor, play upon the suggestion of the patient; tell him your drug will do a certain thing, and your patient will hand it down to the soul that it has had its requirement, and he will get well. Push suggestion, stimulate a desire for a knowledge of soul, and you will have done your best toward getting rid of those who are making inroads upon our profession by religious healing.

2420 North Grand Avenue.

[Written for the MEDICAL BRIEF.]

Neurasthenia.

BY GRAEME M. HAMMOND, M. D.,

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Diagnosis.—One of the main reasons why the general practitioner so frequently fails to make a diagnosis in neurasthenia is because he is unconsciously deceived by the patient.

The patient comes to him complaining of rheumatic-like pains in various parts of the body, backache, feelings of numbness and other sensory disorders, generally in the extremities, and fails to say a word about the general neurasthenic symptoms which are common to the disease.

The patient is generally treated for rheumatism or neuralgia or some other condition, while the neurasthenic state is absolutely ignored, and hence the patient does not recover. When the patient simply complains of the neurasthenic symptoms of the disease, such as insomnia, depression of spirits, vertigo, inability to apply the mind to work, the diagnosis is a very simple matter and the picture is so characteristic that even the physician with very little experience in nervous diseases is readily able to make a diagnosis.

But there are many symptoms of a widely diversified character which are common in neurasthenia and which, on account of their severity, so impress themselves on the mind of the patient that the

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common and ordinary symptoms are kept in the background and he says nothing about them at all unless they are brought out by the skillful questioning of the examiner.

The symptoms which by their persistency and prominence so fully occupy the patient's mind that he disregards the ordinary ones, are persistent pains in the back, generally low down in the lumbar region, worse in the morning, becoming better as the day advances and possibly increasing toward night; pains in the thighs, generally in front, but sometimes in the back of the thigh, of a distinctly rheumatic character. These pains may be present all the time, sometimes better and sometimes worse, yet never entirely absent; a general soreness and stiffness of almost the entire muscular system is not an uncommon feature.

One of the most prominent symptoms is a loss of sexual power, with or without the presence of erotic dreams. When such condition exists it absorbs the patient's mind almost to the total exclusion of all other symptoms.

There may be constant feelings of numbness in the hands and feet, alternating with sensations of heat, intense itching at times.

Among the mental symptoms may be mentioned illusions and hallucinations of sight, hearing, but rarely of smell.

If the physician will bear in mind that these symptoms are part of the neurasthenic state and will ask his patient concerning the general and common symptoms of neurasthenia, he will be astonished how often they will be elicited.

Treatment.—In the treatment of neurasthenia there is one fact that I particularly desire to impress, and that is, never to give neurasthenic tonics unless there is the characteristic condition of anemia. This condition is rarely present, and when it is not, tonics will invariably aggravate the neurasthenic state. The main remedy should be of a sedative nature, and of the sedatives no remedy is as good as the bromides. It is never necessary to give this remedy in large doses, and care should be taken never to bromidize the patient, but when it is given in moderate quantities, not more than from ten to fifteen grains three times a day, it is far superior to any other remedy which I have met with in my experience.

Of course, if the neurasthenia depends totally or in part on some systemic disease like Bright's disease, diabetes or rheumatism, the general treatment of these conditions should be administered in addition to the neurasthenic treatment, but if the general practitioner would stop using tonics in neurasthenic states and use the bromides properly, neurasthenia would no longer be the intractable condition which most physicians consider it.

60 West Fifty-Fifth Street.

[Written for the MEDICAL BRIEF.]

Wintering in Algiers.

BY ALFRED S. GUBB, M. D. (PARIS),
Mustapha Superieur, Algeria.

There are few more delightful places in the world for American and English travelers, who have not previously visited the East, than this thriving North African port, the metropolis of the great French colony, Algeria. It is in November that European visitors begin to throng thither, just when Northern and Middle Europe are beginning to experience an *avant gout* of the fogs which render the winter months so depressing and so trying for invalids.

Within fifty-six hours of London and twenty-six of Marseilles, the traveler is privileged to gaze upon the dazzling white terraces of Algiers, rising tier upon tier on the steep slopes of the mountains, which extend their protecting arms around it from the mainland. Higher up, to the east of the city, the Moorish villas of Mustapha stand out from their orange groves, majestic hotels crowning each prominence. Bathed in the rich glow of the afternoon sun, the scene is one of fairy-like beauty. Before the eye has taken in the entrancing scene we are in the port and the ship is assailed by a crowd of nimble, swarthy Arabs, whose determined look and muscular build involuntarily take the mind back to the days, almost within living memory, when Algerian pirates were the scourge of the Mediterranean. Well may the French say *nous avons chang tout cela.* Their mis-

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sion, though predatory, is peaceful, and following the reformed pirate, who has assumed possession of our luggage, in a few steps we are on the *Place du Gouvernement*, the business center of a city of some one hundred and fifty thousand inhabitants. And what inhabitants! It would require an album of types to give an idea of the heterogeneity of the motley crowds that throng the quays, squat in all unoccupied corners and stalk about the palm-edged square. Here we see the Arab of various denominations, the Jew who tries to look as much like an Arab as he can; the Nubian, the Spaniard, the Italian and, last but not least, the oddly attired tourist of British and American origin. The garments are as motley as the wearers—the breeches of the Arab remarkable for the bagginess of the seat; the multi-colored, nondescript conglomeration of the Kabyl envelops the veiled women, egg-shaped, with the bifurcated big end nearest the ground, and bracelets clanking on their ankles; the dark-eyed, copper-skinned children, darting hither and thither between the legs of their elders, clad anyhow or not at all. The scene under the blue sky and hot sun is curiously brilliant and one realizes that one has touched the fringe of the Orient.

This is the city of the tourist, who has but to cross the square to find himself, without warning, in the narrow, dark, precipitous streets of the Kasbah, or native city, streets so narrow, bordered by houses so high that the sun gets but a furtive glimpse into their recesses. The sights and the smell testify to the fact that we are *en plein Orient*. The native city, with its Moorish cafés, its mosques, its teeming population, its markets and its streets which are all stairs, afford ample scope for exploration and photographic surprises. A drive of about three miles along the main street, *la rue Bab Azoun*, leading to the main road, west, takes us up to Mustapha, not inaptly termed *Supérieur*, since it means a weary drag for the horses. This aristocratic suburb of Algiers extends over a very large area and is practically given up to the Anglo-American colony of *hiverneurs*. Bathed below by the blue waters of the tideless Mediterranean it rises landward, culminating in the summit of the Bousarea at a height of some three thousand feet. The winding road which at every bend commands a view of the blue sea, busy port and the snow-clad Atlas mountains far away in *la Grande Kabylie*, is lined on either side by beautiful oriental villas, half buried in gardens overflowing with exotic vegetation and replete with flowers. Here and there a hotel peeps out from amid the orange trees, bridges span deep ravines and shady lanes allow the pedestrians to take short cuts on the road upwards.

There is something so bright in the landscape, the colors are so vivid and the air is so clear and so balmy that the traveler's first impression is one of dreamy enjoyment Here snow is unknown, even in the depth of winter; the temperature rarely drops to within 15° or 20° F. of freezing point; indeed, during the daytime it is usually between 55° and 60° F. When it falls below 60° F., people complain of the cold and take to winter clothing. Here life in the open air is not only possible, but natural, hence the ever-increasing popularity of Mustapha as a winter residence. Thither resort the sensitive, who resent the harshness and rigor of the northern winter, the invalid who has left his native soil in obedience to medical advice, sufferers from cardiac and pulmonary affections who are unable to withstand the brusque changes of temperature and who seek in this genial clime a fresh lease of health.

Winter is the rainy season in Algeria, but although the total rainfall exceeds that of Paris, there are fewer rainy days, because when it rains it comes down heavily and two-thirds of the rain falls at night. The characteristic drizzle, the Scotch mist, of Northern Europe, never obliges the visitor to remain indoors, and even on rainy days it is rare that the sun does not show itself for an hour or two, whereupon the landscape resumes its accustomed brilliancy.

The neighborhood offers many admirable drives and any number of shady walks running along the sides of the mountains in full view of the unrivalled panorama of sea and mountain. The hotels provide the necessary indoor amusements in the shape of dances, concerts and social gatherings, while the

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more robust, with a taste for the theater and music hall, can gratify their desires in Algiers proper, which can be reached by the electric tramway in half an hour.

The climate of Algiers is warmer and more tonic than that of Pau or the Italian Riviera, and less stimulating than that of Cannes or Nice, that is to say, the climate of Algiers is intermediate between a dry, stimulating climate and a moist one; in other words, it is neither too hot nor too dry. One advantage of living practically in the open air is an absence of colds. The climate, therefore, is favorable to sufferers from bronchial complaints, asthma, and in general to persons who are specially subject to catarrhal affections of the mucous membranes. The benefit also extends to the victims of pulmonary tuberculosis, provided that the disease has not passed the initial stage. As a matter of fact, phthisis is a comparatively rare disease in Algeria, a circumstance which can readily be explained by the generally accepted view that consumption is as truly a disease of foul air as is typhoid of contaminated water.

Medical men will find much in Algiers to occupy their leisure apart from mere tourist pursuits. There is a hospital containing some eight hundred beds, where much excellent work is done and every opportunity is afforded for clinical study; while at the Pasteur Institute he can witness inoculations against rabies and study bacteriology in the laboratories connected with the School of Medicine.

[Written for the MEDICAL BRIEF.]

Medical Legislation.

BY JOHN A. WELSCH, M. D.,

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The claims made by those favoring all kinds of restrictive medical laws is usually protection to the public health and the control of contagious diseases. In regard to the first claim, it has been a matter of boasting of some State medical boards that the number of physicians licensed during the past two years was much less than the two years previous, meaning previous to the passing of the law requiring exorbitant fee and examination, in addition to diploma from a legally chartered medical college. Granting their boast to be correct, is it any protection to the public health to lessen the number of physicians at the command of the public? In other words, is it a protection to the sufferer to put the means of obtaining relief as far from him as possible? I think not. It would certainly be a greater protection to the public health to make physicians numerous; at least let supply and demand control the number, as it should. This is one of the ways in which it does not protect the public health, and, in short, it not only does not protect the public health, but the effect is exactly the opposite.

Do these laws control contagious diseases? They do not. Why does a man suffering from a contagious disease stand a better chance of recovery under the direction of a health officer than he does under the care of a physician in private practice? That is, the only effect of these laws is to take the practice from the man who is trying to earn a living by the practice of his profession, and turn it over to the political appointee, whose place was created by this law, and, of course, he is in favor of all these laws. The reason is plain. It requires hustling to make a living in private practice, but with an appointment he is placed beyond this necessity, and, besides, has a chance to dictate more or less to the rank and file of non-official practicians.

Why the rank and file should wish to establish for themselves a set of guardians of this character is a still more profound mystery, especially as these political doctor (?) guardians always make rulings which eliminate the physicians who graduated a few years ago from consideration of any kind, even if they are willing to pay the regular fee. After he has devoted his life to his profession, and been a few years in the harness, he takes a notion he wishes to locate at some certain place. The politician says, "When did you graduate?" You answer, "A few years ago." He says, "Ah, ha! We did not have a high standard of education then; and, besides, your college never was in good standing with this board" and there you are.

Think of this, you older brethren. And there are many of us newer ones who do

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not favor nonsensical laws to support certain politicians, and work all kinds of hardship on the profession, in addition to financial extortion.

Let us work to secure the repeal of all these laws, whose only objects are to fool the public, and bleed and intimidate the rank and file, that a special few may use high-sounding, meaningless words, and live at their ease. And worse yet, under many of our laws, the political boards have absolute power to take from us our right to practice, and what recourse have we? Only to be heard before the board that condemns us. Many of our students of to-day devote more time to courting politicians, and preparing to get by the board than they do to the study of anatomy and other scientific subjects. Is this higher education? The physician was formerly recognized by the State, and respected and loved by the public, and now physicians assist in securing the passage of laws which carry with them offices which are filled from their ranks, for the purposes of denying them their rights, and holding them up to ridicule before the public, and this has been made so plain that the most ignorant layman will say, "Doc., are you registered in this county, or that State? And what do they, the medical politicians do with the sects?" Fight them, accuse them of being ignorant, etc., until they become too powerful, and then recognize them, and secure the passage of a law that provides a special board of their kind to regulate them, and this is protection to the public health, and a high standard of education.

The remedy for these evils is to secure the repeal of these vicious nonsensical laws. Recognize the rights of graduates of our reputable legally-chartered institutions of learning, and do not charge anything for so doing. It is but their right. They have made the advancement scientifically, and not through the politician who binds you and tells you it is good for you.

A State board of health to look after State sanitation, to be paid by the State, is all right, and if that protects the people, they should pay for it. The regulating of the profession should be no part of their duty. The public will soon relegate those who are not competent to the rear. If there are those who desire to practice who are not graduates, it might be provided for, say, the faculty of the State university to examine them as to their fitness. If found qualified, a certificate from them to answer in place of a diploma, all diplomas to be recorded in the office of the county clerk, in which the physician resides; reports of births and deaths should be made, and the physician should receive compensation for same. Physicians are not lawbreakers, and they do not need special laws, or special guardians, neither should they be made to bear more than their share of expenses as an individual citizen toward securing means of protecting the public health, or what not, and the sooner the rank and file learn that legislation is not education, and that medical politicians to control the profession are not only unnecessary, but inhibit the progress we wish to promote, the sooner the profession will regain the confidence and esteem of the public, and higher education will prevail.

[Written for the MEDICAL BRIEF.]

A Study on Light, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S., L.L. D.,

New York City.

[PART II, ARTICLE I.]

Here, in the second of my contributions, I propose to bring to your notice another phase on Light, which will demonstrate many of the most interesting phenomena.

Heat and light are derived from the sun. It is known that not only are the phenomena of these two principles different, but that they can scarcely, in the present condition of our knowledge, be regarded as modified manifestations of one superior power. Associated with these two remarkable elements, others may exist in the solar rays. Electrical phenomena are certainly developed by both heat and light, and peculiar changes are produced by a short exposure to sunshine; electricity may be merely excited by the solar rays, or it may flow like light from the sun. Chemical action may

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be only due to the disturbance of some diffused principle, or it may be directly owing to some agency which is radiated at once from the sun. All this is, however, still speculative.

A sun ray is a magical thing. We connect it in our fancy with the most ethereal of possible creations. Yet in its action on matter it produces color, it drives the particles of solid masses farther from each other, and it breaks up some of the stronger forces of chemical affinity. To modern science is entirely due the knowledge we have gained of the marvelous powers of the sunbeam, and it has rendered us familiar with phenomena, to which the incantation scenes of the Cornelius Agrippa of the Dark Ages were but ill-contrived delusions, and their magic mirrors poor instruments in comparison with the silver tablets of the photographic artist.

In the Dark Ages, or rather as the earliest gleams of the bright morning of industrious research were dispelling the mists of that phantom-peopled period, it was observed, for the first time, that the sun's rays turned a white compound black. Man must have witnessed, long before, that curious change which is constantly taking place in all vegetable colors, some darkening by exposure to sunlight, while others are bleached by the solar rays. Yet those phenomena excited no attention, and the world knew nothing of the mighty changes which were constantly taking place around them. The alchemists—sublime pictures of credulous humanity—toiling in the smoke of their secret laboratories, waiting and watching for every change which could be produced by fire, or by their "royal waters," caught the first faint ray of an opening truth, and their wild fancies that light could change silver into gold, if they but succeeded in getting its subtile beams to interpenetrate the metal, was the clue afforded to the empirical philosopher to guide him through a more than Cretan labyrinth.*

* Reference to any of the works of the alchemists will prove the prevalence of the idea expressed in my text. We find that gold was considered to be always under the influence of light and solar heat. "It is said of gold that it waxeth cold towards daylight, insomuch that they who wear rings of it may perceive when the day is ready to dawn." Speculum Mundi, or a Glass representing the face of the world. Cambridge, 1643.

The first fact recorded upon this point was that horn silver blackened when exposed to the light. Without doubt many anxious thoughts were given by these alchemists to that fact. There was, as it appeared, a mixing up of light and matter, and, behold, the striking change! It was a step towards the realization of their dreams. Alas, poor visionaries! In pursuing an ideality they lost the reality which was within their grasp.

Truths come slowly upon man, and long it is before these angel visits are acknowledged by humanity. The world clings to its errors and avoids the truth, lest its light should betray their miserable follies.

At length a man of genius announced that "No substance can be exposed to the sun's rays without undergoing a chemical change," but his words fell idly upon the ear. His friends looked upon his light-produced pictures as curious matters; They preserved them in their cabinets of curiosities—but the truth which he enunciated was soon forgotten. Howbeit, these words were recorded, and it is due to the solitary experimentalist of Chalons, on the Saone, to couple the name of Niepce with the discovery of a fact, which is scarcely second to the development of the great law of universal gravitation.* But an examination awaits us, which, for its novelty has more charms than most branches of science and which, for the extensive views it opens to the inquirer, has an interest in nothing inferior to any other physical investigation.

The prismatic spectrum affords us the means of examining the conditions of the solar rays with great facility. In bending the ray of white light out of its path, by means of a triangular piece of glass, we divide it up in a remarkable manner. We learn that heat is less refracted by the glass than other powers; we find the maximum point of the calorific ray but slightly thrown out of the right line which the solar pencil would have taken had it not been interrupted by the prism, and the thermic action is found to diminish with much regularity on either side of this line. We discover that the

* Daguerré's Report to the Academy of Sciences; Le Daguerréotype historique et description des procedes du daguerréotype et du diorama. Paris, 1839; particularly the description of heliography by M. Niepce. See also the letters by Niepce published for the first time on Researches on Light.

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luminous power is subject to greater refraction, and that its maximum lies considerably above that of heat, and that, in like manner, on each side the light diminishes, producing orange, red, and crimson colors below the maximum point, and green, blue and violet above it. Again, we find that the radiations which produce the chemical change are more refrangible than either of the others and that the maximum of this power is found at the point where light rapidly diminishes and where scarcely any heat can be detected; it extends, in full activity, above its maximum place to a considerable distance, where no trace of light can be discovered, and below that point until light appeared to act as an interfering agent quenches their peculiar properties. These are strong evidences that light and actinism—as this principle has been named—are not identical; but we may separate them most easily and effectually from each other. Certain dark blue glasses, stained with oxide of cobalt, admit scarcely any light, but they offer no interruption to the passage of actinism; on the contrary, a yellow glass, or a yellow fluid, which does not sensibly reduce the intensity of any one color of the chromatic band of luminous rays, completely cuts off this chemical principle, whatever it may be. In addition to these, there are other results, which we shall have to describe, which prove that although associated with the solar beam, light and actinism are in constant antagonism.

But it is necessary to name a few of the more striking phenomena of these changes, to commence with some of the more simple, but no less important results.

836 Lexington Avenue.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Placenta Previa.

BY T. C. BUXTON, M. D.,

Decatur, Ill.

My second case in Decatur was one of those that most of the physicians would rather not have, and one that will put the young doctor on the alert if anything in the medical line will.

Mrs. Etta P., aged twenty-nine, in good health, gave a history of having borne seven children, all of them premature.

On May the 20th she came under my treatment, having at that time threatening symptoms of a miscarriage. After carefully inquiring into her family history, I elicited the following:

She herself being reported by the attending physician, Dr. Platt, to be a premature child, seven months, was always poorly developed when compared to other girls of her age.

She was married at sixteen, but had never menstruated in her life. At eighteen she gave birth to a child, which was premature, seven months, according to the midwife's report of the case. In the course of eight or ten months she menstruated for the first time, and that quite profusely, but from that time to the present, her menses have been regular only when pregnant or during the period of lactation.

Her second was delivered at the seventh month, but it became necessary to apply the forceps for the removal of the child high up in the superior strait, thus extensively lacerating the cervix uteri, which was never surgically repaired, but nature filled up this rent with cicatricial tissue.

Again she became pregnant, and carried the child to the seventh month, and miscarried, the child living but a few hours.

She became pregnant the fourth time, and aborted at the fifth month.

The fifth time she carried the child to the sixth month, and again miscarried, but this time she had twins, neither of them alive at birth.

The sixth came under my own observation, on the twentieth of May. She was then having some pain, but I did not consider it premonitory of a miscarriage. I examined her, and found the conjugate diameter to be four inches, the anterior posterior four and three-fourth inches, the perineal anterior posterior four and three-fourth inches, the bisischial four inches, and the oblique four inches. A retroverted uterus was also found on closer examination, the os being close up to the pubic bones, and the mouth very difficult to reach with index finger.

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She was put on the viburnum treatment, consisting of viburnum, opium and acacia.

The first of June she appeared at my office, climbed one flight of stairs, and informed me that she was going to the World's Fair, and that she never felt better in her life during pregnancy.

While waiting for the train at the Wabash depot she took with a pain in the region of the kidney, was taken home in a carriage. I was sent for in post-haste. On arriving, I found her flooding profusely. I then ordered a douche at 100° F., packed the vagina and the os with carbolized gauze, which was dilated about one inch. Gave hypodermic of morphine, one-half grain, and waited an hour; all pain had subsided.

I then examined to ascertain the position of the child, and its condition; the fetal heart sound was distinct, and the child in a transverse position, the head being in the right side.

Viburnum was then ordered in heavier doses, and all seemed well for a week, when I was again called. On arriving, found about one pint of clotted blood in the bed and vagina, though the hemorrhage had practically ceased, nothing but a semi-sanguinous discharge was present, and that very slight.

She was again placed on her back, hips raised slightly above her head, and ergot given in minute doses—three drachms of ergot to four ounces of simple syrup, teaspoonful every two hours, also four drops of tincture of opium every four hours. The os closed, and nothing alarming for ten days made appearance; she was up and around three or four days.

Then came a time that the neighborhood had began its talk, and they must have an older doctor with me, and at the first symptom they sent for a Dr. Bowers to counsel with me. On his arrival we packed the neck of the uterus, as I had done before, and he left it in my charge. The day passed, and no symptom of labor had shown. She was again left. In twenty-four hours I was again called, as the sac of waters had broken, and labor pains ceased. They wanted to send for another doctor to counsel with me, a Dr. Lonergan, to which I did not object. He came, and we again packed, the same as I had done several times before, and he left me telling me that he would return if needed. The os slowly dilated, the placenta completely blocking the outlet of the uterus, checking the hemorrhage, and as the os dilated, the placenta filled the opening, and in four hours the os was completely dilated. During this time I turned the child by external manipulations, and at the end of the time required for the complete dilatation, the child had descended down close to the placenta, and helped push it through the os.

As quick as the placenta was out of the way the child's head completely filled the canal, and there was no chance for hemorrhage. In the course of twenty minutes the child was delivered, and following it there came a gush of blood that was alarming. A drachm of ergotol was used hypodermatically, which caused the uterus to quickly contract. A douche was then ordered, the douche being one-half gallon of hot water, 90° F., with two drachms of carbolic acid.

For the first five days following the delivery, a douche of hot water and carbolic acid was used, morning and evening, and in spite of all this, the lochia became offensive. On the sixth day she was given an intra-uterine douche with the best results.

The seventh day a complication arose that was a persistent diarrhea, which was checked by the use of castor oil, and followed by the use of salol and zinc sulphocarbolate.

No other complication; results good.

[Written for the MEDICAL BRIEF.]

Life, Present and Future.

BY D. W. LOREE, M. D.,
Ridgeway, Mich.

Man's life on earth is a life in death, hence imperfect. As to the future life, the best statement given is "a more abundant life," a more perfect; more removed from liability to death. Human life in death will continue so long as the law of death continues to reign; until death is abolished. Until then there is no hope for man to regain physical, mental and moral perfection; and even then he will regain it only by a perfect obedience to the Law of life, the will of

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God. Adamic death is a penalty for disobedience to that perfect law, and has to be met; it can not be set aside.

Reason alone should teach man that the progenitor of the race had a perfect life, and yet a diable life; its continuance being conditioned upon obedience. Because failing to obey he became a dying creature from that moment, virtue went from him, he died; within the day, a thousand-year day. It was a just penalty, an absolute death in so far as human wisdom or power could avail to overcome it. Everlasting life being a diable life, must not be confounded with immortality.

Immortality as a condition of life, beyond the possibility of death, is an endowment determining the nature of beings upon a plane of existence above the human plane; having a nature far above even angels, principalities and powers; yet there is authority for believing that some of the redeemed race of Adam may attain unto it; but only those who die to the human nature and obtain part in the first resurrection.

Man in and of himself has absolutely nothing to lend a ray of hope for life beyond the grave; his only hope for an awakening from Adamic death lies in that oath-bound promise of God to his faithful servant of old, and which began to have fulfillment when the Messiah came, eighteen hundred years ago. That promise embraces the fact that not only every brain, but that every convolution of every brain shall be duplicated when the "sleepers arise, each in his band or age;" for each will have the same character formed by the habits of this life with which he went into death. Each one will quickly identify himself, and be known by others. Each one will at once have a wider range for observation, and a broader plane for reasoning, and be in a position to profit by the experiences of this life in the horrible pit of death and the mirey clay of sin.

All who are not numbered with the incorrigible will gradually come to realize that only by the infinite power of the voice of the Son of God were they raised to life. Gradually they will come to a clear appreciation of the infinite love, wisdom and power of God, and comprehend the vast meaning of a resurrection by judgment to a more abundant life. Then, in that "due time" promised, shall all hear the testimony of Jesus including idiots and infants and heathen; and all who either from lack of mental capacity or from any other cause have not been blessed with the light of the knowledge of the only name under heaven given whereby to be saved, may hear "the glad tidings of great joy to all people." And then all who will may grow up into a full appreciation of all God's gracious provisions of love and mercy, and by bowing in glad submission to all His just requirements may attain to full perfection of life; human beings still, but with physical, mental and moral perfection, each a perfect earthly image of the divine, a Son of God.

This is the restitution which "God hath spoken by the mouth of all His holy prophets;" this is the consummation of blessing for all the families of the earth, assured by the oath-bound promise. All this does not apply to those whom God is taking out as a people for his name, during this gospel age, and who attain to newness of nature as well as of life, spirit beings, no longer men; and some of whom attain even to the divine immortal nature and honored with positions of glory and service at the right hand of power in heaven and upon earth with and under their already Glorified Head.

Very truly these apparently dogmatic assertions do not establish truth. Yet every item of truth given by authority of the "spirit or truth" is as a "light shining in a dark place," having a sure promise of recognition by those having eyes to see.

Truth is a progressive force, and shall bear fruit where sown upon good ground, thoroughly cleared of the rubbish of past ages. That old falsehood of the father of lies, "the immortality of the Soul," is a blinding force, sealing many blind eyes; and his more recent lie, that "when a man dies he is more alive than ever before," is confusing to the moral and spiritual sense of many good people. The bible is the harp of God, and "still new beauties doth it show, and still increasing light."

Enclosed find one dollar for the MEDICAL BRIEF for 1904. I like the BRIEF. Send it on.—R. COONS, M. D., Herkimer, N. Y.

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BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Enteric Fever.—In cases of acute enteric fever in the bottle-fed infant, no matter how high the temperature, or what the character of the discharges (greenish, slimy or tinged with blood), the loaf sugar-water diet (with a few drops of tinct. opii camph., if there seems to be great distress and jactitation) cold applications and the hourly administration of teaspoonful doses of a two per cent glycerized solution of citrate of magnesia until a change for the better ensues—then at less frequent intervals, will bring great satisfaction to the attending physician as well as the distracted patient—the child, of course, being the chief beneficiary.—J. D. Bemis, M. D., Fremont, Ohio.

[Written for the MEDICAL BRIEF.]

Dysentery.—In all cases of dysentery, the following treatment will be of great benefit:

℞ Bismuth Subnitrate.....60 grains.
Zinc Sulphocarbolate.....30 grains.
Salol .....30 grains.

M. Sig.: Dose, ten grains every hour for three doses—then every two hours for three doses—then every three hours as long as needed.

The bowels should be thoroughly washed out by high enemata of a decoction of plantago major each day. A capsicum plaster should be applied over the abdomen.

A teaspoonful of chionia should be given three or four times a day to keep the liver in good working order.

The patient should be kept quiet, and if restless or nervous, neurilla should be given in teaspoonful doses four times a day.—J. A. Burnett, M. D., Pauline, Ark.

[Written for the MEDICAL BRIEF.]

Antitoxin.—My experience with diphtheria antitoxin differs entirely from the opinion expressed by the various writers for the MEDICAL BRIEF. During my service at the Willard Parker Hospital in New York City, antitoxin was given to over three hundred diphtheria patients with no harmful effects whatever. Since then, in my private practice, I have had, among other diphtheria cases, three cases of diphtheritic croup, requiring intubation, and all of these recovered under large doses of antitoxin; while during the pre-antitoxin days, two out of three such cases would have probably died.—Theodore Chamberlin, M. D., Concord, Mass.

[Written for the MEDICAL BRIEF.]

Pneumonia.—It is not my intention to give the etiology, pathology, etc. of this disease, but simply confine myself to treatment of same. Usually in this trouble, we will not see our patient until the lung has become consolidated, and usually we see our case with a full, bounding pulse, throbbing of the carotids, high temperature, etc. Here I prescribe:

℞ Sp. Veratrum..... ½ drachm.
Water ..... 4 ounces.

Sig: Teaspoonful every hour.

I know of no better remedy to combine with the above than bryonia, twenty drops, which will materially lessen the difficult breathing, and cough which is so harassing and troublesome to the patient. Lobelia, here, is another excellent remedy, pushing it to nausea, if necessary.

℞ Gelsemium ..... ½ drachm.
Water ..... 4 ounces.

is given if there is restlessness, with determination of blood to the brain.

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If the skin is hot and dry and inclined to moisture, use jaborandi, one-half drachm to one drachm and water four ounces. Hyoscyamus or passiflora, if insomnia is due to nervousness. Locally, I apply a thin dressing of libradol to the affected area, or I use antiphlogistine, applied hot. I expect either of the above local remedies to cause a surface hyperemia, and thus relieve the congested lung, which very effectually aids the internal medication. Here, as in all diseases, prescribe for conditions met with in each individual case.—John A. Burnett, M. D., Hamilton, Ohio.

[Written for the MEDICAL BRIEF.]

Specific for Inflamed Breasts.—

℞ Home-made Fl. Ext. Phytolacca decandra (Poke Root).....1 ounce.
Glycerine .....1 ounce.

Sig.: Externally—Sprinkle on a cloth and apply snugly to affected breast. Keep covered with warm woolen clothes.
Internally.—One-half drachm every three hours as an adjuvant to above treatment.

—C. G. Church, M. D., Van Wert, Ohio.

[Written for the MEDICAL BRIEF.]

Enuresis in Children.—Do not forget to treat the cause when you have an obstinate case of incontinence of urine. It may be phimosis, cystitis, worms, gastro-intestinal irritation, hyperacidity of the urine, etc. Cut off all starchy foods except occasionally for breakfast. Prescribe the alkaline citrates. Belladonna at night, constantly increasing size of doses until the physiological effect is noticed. If necessary, give the following:

℞ Ergotine ..... 1/12 grain.
Strychnine ..... 1/200 grain.
Ext. Belladonna..... 1/40 grain.

every three or four hours. This has given good results. A dash of cold water on the back, followed by a brisk rubbing, just before going to bed, will often prevent an accident during the night. Awakening the child at night to empty the bladder will not effect a cure, as the will power must be stimulated to retain it.—O. B. Cornell, M. D., Westerville, Ohio.

[Written for the MEDICAL BRIEF.]

Rectal Fistula.—In case of rectal fistula which is not amenable to surgery and where a surgical interference would be contraindicated, a large percentage of such cases may be treated successfully and a cure expected in from three to six months by injecting or washing out the sinus once every week with liq. potass. arsenit. A slough will form, be detached and healthy granulation will complete the work.—Chas. L. Crider, M. D., Crooksville, Ohio.

[Written for the MEDICAL BRIEF.]

After Operations.—The thirst after operations, where ether is used, is much allayed by giving an enema of one pint of normal salt solution, 100° F., introduced with a rectal tube. It should be given before the patient leaves the table. Nausea is relieved by placing a piece of gauze saturated in vinegar over the patient's mouth and nose as soon as the ether is withdrawn.—Constance V. Curtis, M. D., Superintendent Phoenixville Hospital, Phoenixville, Pa.

[Written for the MEDICAL BRIEF.]

Pneumonia.—Pneumonia being to a certain extent a self-limited disease, passing through the stages of congestion, hepatization and resolution, a favorable termination will depend largely upon the proper treatment in its incipiency. The treatment that has given me the most satisfactory results, and one if properly carried out will, I believe, yield a greater per cent of recoveries than any other.

Within the first few hours of the attack and in the stage of congestion, I give aconite in one five-hundredth-grain doses every hour; it being a heart sedative, thereby reducing the blood pressure and thus relieving the congested lung. Apply antiphlogistine or some kindred preparation to the congested area, and cover the whole chest with a heavy quilted cotton jacket.

Should hepatization take place, I then resort to the "sheet anchor," viz., ammonium chloride in five-grain doses every three hours until the hepatization clears up.

We were instructed years ago that the great danger in pneumonia was failure of the action of the heart; and we frequently see that instruction verified. As a safeguard, therefore, I am in the habit of giving sulphate of strychnia, one-fortieth grain every two hours throughout the

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last two stages of the disease. Should the stage of resolution be protracted, iodide of potassium is the remedy. When convalescence is declared, give iron, quinine and arsenic. Throughout the disease great care should be exercised as to the proper diet.—M. A. Darbyshire, M. D., McComb, Ohio.

[Written for the MEDICAL BRIEF.]

Birth-Marks.—Some time ago, while making a call at the intersection of Ferry street and the Burlington tracks, I met a man who had a supernumerary finger on one of his thumbs. I became interested to the extent of engaging him in conversation. On my requesting to know what he thought caused the extra finger, he related the following story:

"My mother informed me that while she was pregnant and carrying me within her womb, she saw a finger chopped off, which made a deep impression upon her mind during the remainder of gestation." The universal dictionary of the English language gives the following as a definition of birthmark: "A mark or blemish formed in the body at birth." "It reappears once more as a birthmark on the forehead."—Longfellow; Golden Legend II. Birth-sin is defined as "original sin." So how could original sin make the supernumerary finger? Please have as many academic answers as possible, so that the question may be settled. —H. A. DeLorme, M. D., St. Louis, Mo.

[Written for the MEDICAL BRIEF.]

Bowel Troubles.—This is the time of year when so many of our little children are carried off with bowel troubles. I want to say, and say it boldly, that it is not so much the bowel trouble as the way it is treated. See the great number of physicians who give these little patients some form of opium or astringents. Hundreds of times I have seen these cases fed on something of this kind, and after the patient reached the state that he would lie with eyes partly open and sunken in the head, I have heard the doctor say it was brain fever. It is not anything more than the results of some form of opium or other astringents. If doctors who treat these cases in this way would only discriminate more closely and give these innocent children different medicine, they would be surprised at results. Take a child with one of those gushing diarrheas which run through the napkin, accompanied with that intolerable stench of rotten eggs—give this patient chamomilla in the third dilution and give it every twenty or thirty minutes and see how soon you control same. If child has the gushing diarrhea without the odor, but accompanied with meal-like sediment, then give the patient podophyllin in the third and watch results. These are only two drugs of many that will control the great majority of these cases and there are many others that will do the work, and you will never have to give these little fellows such drugs as opium, bismuth, etc. I speak plainly on this point, as the most painful thing I run across in the practice of medicine is to see how these cases and pneumonia are ordinarily treated. There is no use for such mortality as statistics show in these diseases. The BRIEF is doing more for medicine than any other journal for the simple reason it is bold enough to publish articles from all schools of medicine. To practice medicine in this day and age any one should be perfectly familiar with all schools of medicine. When any doctor claims all the good is contained in his own school, he is ignorant, and is to be pitied as well as spurned. In some cases, give me allopathy, some eclectism and others let me have straight homeopathy by all means. When the whole medical profession can practice in this way, there will be less bickering, more brotherly love, and many more patients will recover.—L. D. Foreman, M. D., Peoria, Ill.

[Written for the MEDICAL BRIEF.]

Piles.—The following use of campho-phenique I have not seen mentioned anywhere and may be of service to your readers: Some years ago I had an old lady patient to treat for internal bleeding piles with purulent discharge. No operation being permitted, I tried various applications, with indifferent success, until I thought of campho-phenique. This was directed to be applied pure upon a small piece of ab-

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sorbent cotton on an applicator, this to be passed into the bowel and applied all round. This gave immediate relief, and would stop the suppuration as well as check the oozing. Whilst a cure was not effected, the occasional use of the camphophenique kept the patient comfortable for several years.—A. E. Gresham, M. D., Sierra Madre, Cal.

[Written for the MEDICAL BRIEF.]

"Growing Pains."—Many mothers still refuse to consult a physician when their children suffer repeated attacks of muscular pain and spasm, because the children thus affected are usually of ruddy cheeks, red lips, full pulse, bright eyes, intelligent and well nourished. Such pains and muscular spasms the mothers attribute to the healthy growth of the child and call them "growing pains." A careful observer of these cases will obtain evidence of the rheumatoid character of the condition, no matter how slight the attack, nor how great the tendency toward spontaneous recovery. Neglect will be followed in a short time with rheumatoid complications that will not spontaneously recover, and the physician will have to deal with a case that will require treatment and much of it. Mothers should be taught that there is no such thing as "growing pains," and the physician should combat this tendency to rheumatism in childhood by careful attention to prodromal pains and the judicious administration of salicylates; counteracting the untoward effects of such remedies by the admixture of twice the amount of sodium bicarbonate with each dose of the remedy.—John A. Hale, M. D., Alto Pass, Ill.

[Written for the MEDICAL BRIEF.]

Summer Complaint.—Do not give calomel if discharges contain blood or mucus and there is a tenesmus. Give salts, teaspoonful to half glass of water—of this give half teaspoonful every two hours until the discharges change to a yellow color and become thin. If mucous membrane is red and dry, give the following:

℞ Acid Mur.....10 drops.
Simple Syrup ..... 2 ounces.

M. Sig.: Half teaspoonful every two hours in half teaspoonful of water.

If discharges are green and child has fever, then give neutralizing cordial from a half to a teaspoonful three times a day, and a half grain of calomel with the first five doses of the cordial.—Hugh C. Jones, M. D., Searcy, Ark.

[Written for the MEDICAL BRIEF.]

Remedies.—If the practice of medicine was limited to twelve remedies, I would select the following: Quinine, calomel, opium, potassium iodide, potassium bromide, ammon. chloride, digitalis, ergota, Fowler's solution, Hoffman's anodyne, tr. ferri chloride, chloroform. In my opinion, we could nearly cover the field in acute and chronic diseases.—E. B. Hughes, M. D., Canton, Ill.

[Written for the MEDICAL BRIEF.]

Pregnancy.—Colored woman, thirty-six years, with all symptoms of pregnancy, presented herself after waiting ten months from cessation of menses. Vaginal examination gave almost a normal uterus. By palpation, we found a movable mass suspended in fluid in region of umbilicus just under the skin. Incision through skin and sac let out.

The fluid (amnion) and the mass proved to be a male child weighing four and one-half pounds, lifeless, but with all features perfect. The placenta was adherent to abdominal muscles and was easily peeled out without any hemorrhage. Wound thoroughly washed out, packed, and patient speedily recovered.—John Mace, M. D., Cambridge, Md.

[Written for the MEDICAL BRIEF.]

Anthrax.—While the many disorders and abnormalities, inherent and acquired, to which flesh is heir, have from time to time received skillful and untiring observation and deep scientific investigation, it must be admitted we are still confronted by many difficult and unsolved problems.

However, I believe that often our greatest perplexities evolve for themselves the happiest solution. To such a dilemma, in which I found myself, I venture briefly to invite your attention.

A few years ago I was called to visit a patient suffering with a well established

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case of anthrax. It was situated on the posterior aspect of the neck, involving about half of it. Patient showed temperature of 105.2° F., was restless and delirious, with flushed face and contracted pupils. The existence of a syphilitic taint added to the gravity of the case. To control the fever and to meet the indications named, I administered

℞ Gelsemium .....20 drops.
Veratrum Vir.....10 drops.
Phytolacca Dec.....15 drops.
M. Sig.: Teaspoonful once in two hours.

What alarmed me most was the complication of the syphilitic taint already referred to. I was very anxious to do something to avert the danger from this source. I reasoned that if it was possible to produce a breaking down at the center of the tumor, further infiltration might be arrested. Proceeding on that theory, I injected hypodermatically six drops of pure carbolic acid into the center of the mass. This produced two very happy results. First, the pain was immediately and completely relieved; secondly, the tumor was promptly broken down in the center and the patient was as promptly restored to health. In two subsequent cases, exactly the same, results followed one or two applications of the same treatment.—Wm. P. Madden, M. D., Xenia, Ohio.

[Written for the MEDICAL BRIEF.]

Lumbago.—We have in lumbago a very painful and uncomfortable ailment localized in the lumbar region, which at times is very unsatisfactory to treat, the results often being discouraging to both doctor and patient. Every practitioner no doubt meets with many cases of this kind. Often the patient will come to you with an excruciating look upon the face and every step made is agony; with difficulty they get down to a sitting posture, and with as much difficulty arise. In these severe cases, I have had excellent results by radical treatment. I make it a point to give immediate relief, as usually these cases are of several days or weeks duration, and the patience of the victim has been sorely tried, and they are anxious for immediate relief of pain. I prepare the patient for a hypodermic injection in the lumbar region, and localize usually two painful spots on pressure over the sacro-sciatic foramen; then inject into and over these two painful spots;

℞ Morphine Sulphate..... 1/4 grain.
Cocaine Muriate..... 1/5 grain.
Natrium Chloride ..... 1 grain.
Aqua Bull.....1 drachm.

Inject one-half of this solution on each side of the sacrum. In a few minutes the patient experiences a sense of relief and can move about with ease. This relief will last from three to twelve hours and often will relieve the patient entirely. I also paint over the affected region pure guaiacol and allow it to be absorbed as much as possible. Usually two of these treatments, in severe cases, are enough; then I put the subject on the following internal medication:

℞ Tr. Belladonna..... ½ drachm.
Natrium Salicylate .....4 drachms.
Tr. Macrotys .....3 drachms.
Tr. Cardamon Comp.....2 drachms.
Elix Lactopeptine ... ½ ounce.
Glycerine ..... ½ ounce.
Aquæ.....q. s. ad.....4 ounces.
M. Sig.: Teaspoonful every three hours in half glass of water.

This treatment I keep up for a period of two weeks, in which time the lame and painful back has entirely disappeared.—F. J. Maha, M. D., Algonquin, Ill.

[Written for the MEDICAL BRIEF.]

Summer Diarrhœa.—In all cases of summer diarrhea in children, medicine should be given very cautiously, as almost every case is made worse by combining and mixing a slop mixture which contains opium in some form. An opiate should never be given in this disease under any circumstance, unless it is for the relief of pain, and then only a dose or so. Opium deranges the stomach and nervous system and locks up the secretions. I give liq. per. nitrate of iron, three or four drops in water for a child two years old; also rhubarb and bicarb. potassium, equal parts, with a few drops oil cinnamon; of this I give three to five grains. An alkali acts much better in this disease than any of the so-called intestinal antiseptics or astringents. I never give any of the malt foods as they all, or most all, contain sweetening in some form, and this keeps up the fermentation in the bowels. Never give milk in any form (cream acts well in most every case if

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given in small quantities and at the proper time); broiled breakfast bacon will agree with most every case. Perhaps some one is ready to deny this—so try it and be convinced.—W. E. Meredith, M. D., Scottsville, Ky.

[Written for the MEDICAL BRIEF.]

Croup.—Easily diagnosed by the hoarse, ringing cough, which you hear before you get into the house. You will notice the little sufferer is almost unable to get his breath on account of the constant coughing. This yields readily in twenty or thirty minutes by giving the following:

℞ Kali Mur. 3x.....2 drachms.
Aquæ pur.....4 ounces.
Shake well.

℞ Ferrum Phos. 3x.....2 drachms.
Aquæ pur.....4 ounces.
Shake well.

Give teaspoonful doses of one, then the other, alternating every five minutes. This seldom fails; and your patient is asleep in thirty or forty minutes without having to vomit before he gets relief.—C. M. Neldon, M. D., Coshocton, Ohio.

[Written for the MEDICAL BRIEF.]

Indigestion.—During an experience covering a period of over thirty years in active practice, I confess to having entertained an antagonism to proprietary medicines, and usually managed to get along satisfactorily to myself and patient without them. I have never, however, permitted my prejudice to extend to medical journals that recommend certain proprietary remedies, and it was through such a journal, viz., the MEDICAL BRIEF, that I was prompted to make a trial of a proprietary remedy that gave me such nice results in an annoying case of indigestion, I feel that it is only doing the fair thing to report this case, and add one more testimonial of the efficacy of seng in stomach troubles. Mrs. V. W., about sixty years old, had frequently suffered from severe digestive disturbances. When she applied to me but little food was retained, and her condition was one of extreme distress. The remedies and diet usually prescribed by me in such cases benefited, but failed to cure. As an experiment, I prescribed seng, a medicine manufactured by Sultan Drug Company of St. Louis. Results were such that I felt justified in continuing the remedy. By strict attention to diet, and the use of the above remedy, I succeeded in curing the patient, and sufficient time has elapsed since the case was discharged to convince me that the cure is complete.

I am now trying seng in another case of indigestion that has been on my hands at frequent intervals for a number of years, and as the case appears to be progressing better than under my former remedies, I hope to be able in the near future to report another favorable case.—H. M. Ochiltree, M. D., Haddam, Kansas.

[Written for the MEDICAL BRIEF.]

An Exencephalic Monster.—Was called July 7, 1904, to attend Mrs. G. Mc.; multipara in confinement. On examination found an oblique presentation with a prolapsed cord. I called another doctor to assist me, but before help arrived I had succeeded in bringing down the feet. On his arrival, we decided to deliver as quickly as possible on account of the prolapsed funis, which we did in a few minutes, but to our astonishment the child was not only alive, but an exencephalic monster of the hyperencephalus variety, the superior part of the cranium being entirely absent, and the upper part of the occipital bone lacking; the brain was exposed and almost entirely outside of the cranial cavity. It lived three hours.—A. Slack, M. D., Cog Hill, Tenn.

[Written for the MEDICAL BRIEF.]

Electrolysis.—Miss R. came to me twelve years ago, having a soft tumor of the upper jaw, which extended from the second incisor backward two inches, crowding the lip outward and coming down over the teeth, obliging her to eat only soup and soft food. A physician had incised the growth about eight months previous, assuring a cure—it, however, grew faster than before. She would not have "it cut" again, and so came to me, hoping to find a sure, if slower, cure. I gave her three treatments a week, using a medium-sized gold needle, which gave very little pain. At the eighth treatment the tumor was gone, the gum being as smooth and firm as the opposite side, and has never shown any indication of return,

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to date. In my opinion, electrolysis should supersede the knife in similar cases.—Elizabeth G. Smith, M. D., Bridgeport, Conn.

[Written for the MEDICAL BRIEF.]

Castor Oil.—The most palatable way to give castor oil is in sweetened ginger-tea. Pour a tablespoonful of castor-oil (to which has been added a few drops of turpentine, if desired) on top of the tea, but do not stir together. The ginger takes away the taste of the oil better than any other vehicle I have ever used.—Emma B. Standley, M. D., Alexis, Ill.

[Written for the MEDICAL BRIEF.]

Blood Examination.—It is very gratifying to note, by medical literature, the increased interest in the examination of fresh blood for disease in the last two years. The time will come when this form of examination will be used almost exclusively. It requires no technique and it gets at the disease right away, if it is discernible by the blood—Robt. L. Watkins, M. D., 20 West Thirty-fourth Street, New York City.

[Written for the MEDICAL BRIEF.]

Gleet.—Following specific urethritis in the male there is occasionally a non-purulent translucent discharge which is alarming to the patient and annoying to the physician because of its persistence. As a routine treatment, I have received excellent results from the following:

℞ Zinci Sulpho-carbolatis .....20 grains.
Bismuthi Subnitratis ..... 1 drachm.
Aquæ Dest.. .ad. fl..... 8 ounces.

M. Sig.: Use freely as an injection after each urination.

—O. C. Welbourn, M. D., Los Angles, Cal.

[Written for the MEDICAL BRIEF.]

Obstetrics.—Was called to see Mrs. H. in August, 1903. Found her with fever 100.8° F., vomiting pure blood. Hemorrhage from kidneys; hemorrhage from bowels every fifteen or twenty minutes, as much as half gallon or three quarts at a time. Was taken with it early in the morning. I saw her at eleven o'clock. Ascertained she was pregnant seven months. I regarded her as being in a very critical condition. Diagnosis, swamp fever. Gave her thirty drops tinct. ergot with ten drops laudanum every fifteen minutes until I controlled the hemorrhage. Then gave five grains calomel every two hours until four doses were given. As soon as bowels began to move from the calomel it was discontinued. Gave fifteen drops extract corn silk combined with twenty drops spirits nitre, sweet, every two hours until urine cleared up. Visited my patient next morning; found her resting well; no fever; made good recovery. Two months later delivered her of a fine healthy boy child. The only thing remarkable about this case is that the woman did not die.—D. B. Williams, M. D., Georgetown, La.

[Written for the MEDICAL BRIEF.]

Rheumatism.—If there is any disease more painful, tormenting and hell-like in the entire range of human diseases than acute rheumatic joints, I have not found it in fifty years practice. A few granules or tablets of antikamnia, or codein, I have found give quick relief and permanent cure. Then bind the affected joints in heavy doubled flannel cloths, soaked in a strong solution of cold water and salt—the colder the better. This has been my practice for many years with entire satisfaction.

Brother physicians, please give your patients the benefit of a trial of this simple, but effectual method, and they will call you blessed forever.—S. R. Wilson, M. D., Celina, Ohio.

[Written for the MEDICAL BRIEF.]

Puerperal Infection.—When we take into consideration the fact that all the fluids of the body in puerperal infection are thoroughly saturated with a foreign substance, extremely toxic to the vitality of the organism, and knowing that the excretory organs are taxed to their utmost in their efforts to eliminate toxic agents, the question arises, shall we increase the functional requirements by the administration of food?

The routine practice of "sustaining the patient," as it is called, by forced feeding with milk, eggs, prepared foods, etc., is to be condemned. The physical energy required in the processes of digestion, ab-

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sorption, assimilation and elimination in health is up to the full capacity of function; then what a hindrance this stuffing process must be to the recovery of the patient whose every avenue of excretion should be open for the escape of the toxemia. The patient being in bed, the whole muscular system, except the heart, is relaxed and requires no nourishment whatever during the usual course of puerperal septicemia. We need not worry about the heart's nutrition or stimulation; eliminate the exciting cause and the heart will take care of itself. I consider one of the most important measures of treatment of this disease is the discontinuance of foods of all kinds and thereby diminish by so much the labor imposed upon excretory organs.

If the entrance into the blood of the streptococcus pyogenes or some other form of bacteria be the cause of this form of infection, the only rational treatment is its elimination, and there is no known medicinal agent that will destroy this germ in the blood; therefore, our only recourse is, as above stated, by the excretory route.—A. H. Beam, M. D., Hillsboro, Ohio.

[Written for the MEDICAL BRIEF.]

Oil of Hyssop.—The specific action of the oil of hyssop is to positively cure any disease in the flesh caused by filthy humors as leprosy, scrofula, syphilis, cancerous conditions, etc.

Give five drops in one tablespoonful of olive oil three times a day. I have been using it for a case of cancer of the liver with gratifying improvement.—Annie K. Bailey, M. D., Danbury, Conn.

[Written for the MEDICAL BRIEF.]

Various Topics.—My esteemed friend, Dr. John D. Quackenbos, says that there are no sexes in heaven. As the learned doctor has never been there, he can not tell much about the place. Heaven, if it exists at all, is not a place, but a condition. It differs much from the earth, as only spiritual things exist there; these have no material form at all. Our Doctor accepts the orthodox rendering of the word, and, like many other things, this is based upon the imagination. Still, Dr. Quackenbos is a benefactor, for he makes people think, even if they think wrong.

Consumption and rheumatism are rare diseases in Japan, all of which is due to the diet and cleanliness of the people, who bathe at least once a day, do not eat meat, and think exercise essential to health.

Professor Wolf, of Bavaria, says that he has noticed that beer-drinking people suffer from cancers. He has collected a lot of facts and figures to prove his assertion, but he may be wrong, nevertheless. Statistics, while they aid in many ways, are not always correct. When we want to prove a thing, it is easy to make them our aids. There is nothing in beer to produce any disease.

Dr. A. J. Hall says that the sulpho-carbolates will cure many, if not all, skin diseases; as a matter of fact, they will aid in the treatment materially, but in obstinate cases something more is required. All skin diseases require systematic and constitutional treatment; otherwise no cure can be obtained. The sulpho-carbolates are excellent as local remedies, but icthyol will answer better in some instances, and even this drug fails in many cases, as men of experience are forced to admit.—Luigi G. Doane, M. D., New York City.

[Written for the MEDICAL BRIEF.]

Oxygen in Pneumonia.—M. P. F., thirty-three months; broncho-pneumonia; temperature 105.5° F.; respiration ninety-five on third day, and during next five days temperature reduced by cold packs, but respiration reached one hundred and ten several times. Avery's compound oxygen was used at intervals from the sixth and continuously on the eighth day for twelve hours. Once during the eighth day the heart stopped, but was started by dropping cold water from a height over cardiac region. After cyanosis was relieved, a fierce delirium started. Sedatives used to control delirium. Increased cyanosis. The child was put into a tent and the oxygen sprayed in near face for forty-eight hours continuously. On sixteenth day a new attack of the middle lobe of the right lung was marked with high temperature and respiration one hundred

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and ten. Oxygen com. used at intervals and once during the attack sprayed in face for forty-eight hours at about one hundred bubbles per minute. Delirium followed second attack also. Life was despaired of for eight weeks, when recovery began. The child was able to walk at the end of thirteen weeks. Do not be afraid of Avery's oxygen. Use it freely and early.

Battle & Co.'s bromidia was most reliable in controlling delirium.—Frank U. Ferguson, M. D., Gallitzin, Pa.

[Written for the MEDICAL BRIEF.]

Summer Diarrhea of Infants.—In the majority of cases, especially of bottle-fed babies, it is best to withdraw milk for a time, using weak barley-water or albumin-water. Panopeptone makes an excellent food during the time milk is withdrawn. The bowels should be irrigated with warm normal salt solution every few hours at first, decreasing frequency as movements become more nearly normal in character. Give the baby plenty of fresh air, sponge baths with cool water, and use light clothing if the weather is hot. Do not use much medicine. Bismuth subnitrate and salol in small doses are frequently beneficial, but avoid opium in any form if possible.—A. L. Gordon, M. D., Burlington, N. J.

[Written for the MEDICAL BRIEF.]

Rheumatism.—While contending with an unusually stubborn case of rheumatism recently, I finally concluded to lay aside all theories connected with the subject and look at the case as an entirely new problem.

So, I said to myself, "Young woman, there is surely something wrong with your liver. You are sallow, constipated, appetite irregular and capricious, there is a yellow ring around your mouth, your muscles are weak, flesh flabby, your circulation is poor, owing to deficient spinal innervation. Your liver is too lazy to reduce the poisons formed in your system so they remain and poison your blood. The joints of your body swell and hurt you."

Then I thought awhile and finally settled on chionanthus and nux vomica as the remedies indicated. Chionia contains the active principles of chionanthus and is an exceedingly nice preparation, so I prescribed forty minims of chionia with five of tincture of nux vomica, three times daily half hour after meals.

That is everything I gave her—no iron, no alkalies, nothing else. To-day you would not know her. Fine color, great spirits, ravenous appetite, bowels regular, flesh firm. The swelling of the joints is going down slowly but steadily.

Next time you have a perplexing case, put thoughts of the disease out of your head and sit down and study the patient. —M. M. Foy, M. D., New York.

[Written for the MEDICAL BRIEF.]

The Simplest and Most Rational Treatment of Chronic Gastritis.—About thirty years ago, I prescribed for the squire of a country town, who was suffering from chronic gastritis, with all the classical symptoms (variable appetite, much gas in the stomach, raising of slime from the stomach, irregularity of the bowels—mostly constipation, sometimes diarrhea, and general depression), a composition of equal parts of subnitrate of bismuth and calcined magnesia, one even teaspoonful in water, to be taken one-half hour before each meal, and allowed him to eat whatever he knew from experience would agree best. I only insisted that he should eat slowly, masticate his food well. Within a week he reported a great amelioration in every direction and he kept on improving. After four weeks he expressed himself in the following words: "I have been suffering from this stomach disorder for many years; have had physicians to treat me and took many medicines; all the satisfaction they gave me was some temporary relief—while now I commenced to improve at once, continued to improve rapidly and at present I feel perfectly well in every way, and all this was accomplished with one single medicine, without even a restricted diet." Such is, as a rule, the result of this treatment in chronic gastritis proper without complications, as I have noted in a thirty-two years' practice. I have been so well pleased with this remedy that I never took pains to try any other in

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such cases. It is simple and rational. Magnesia is a solvent for the phlegm—the characteristic feature of chronic gastritis—and it is instrumental in relieving the stomach of its contents in due time. Bismuth is an adjuvant, acting as an antiseptic. Instead of the powder, I prescribe now tablets containing ten grains of subnitrate of bismuth and ten grains of calcined magnesia. These tablets may be disintegrated in water or broken up in the mouth and swallowed down with some water.—A. Rose, M. D., New York City.

[Written for the MEDICAL BRIEF.]

Pneumonia.—I was called to see Mrs. P., aged thirty-three, April 24, 1904. Found temperature 104.6° F., pulse one hundred and twenty; pain in right side, coughing all the time, spitting up blood every time she coughed; chill of two hours duration thirty-six hours before; could not lie down, propped up by pillows. A babe three weeks old at breast, but no milk now. Lloyd's veratrum and aconite with two minims of nuclein every hour, with turpentine stupes to side. The temperature reduced to 101° F., in twenty-four hours. Added strychnia and digitalis to treatment and in another twenty-four hours temperature was normal, pain relieved; could lie down and sleep. Called for milk. In forty-eight hours convalescent. How is that for aborting pneumonia?—D. W. Sharp, M. D., Woodstock, Ohio.

[Written for the MEDICAL BRIEF.]

Specific Urethritis.—It is not the remedy used, but the manner of using. Irrigation, no doubt, is the best way of treating these cases locally, but frequently it is not convenient for us to do this, and then we let the patients treat themselves, and often failure to get results is due to the way in which they do it. Usually, unless specially instructed, they will take a syringeful of the solution, squirt it in and allow it to run out immediately. Such treatment as this amounts to very little. Always instruct and impress upon the patient's mind the importance of retaining the solution five minutes or more. Protargol, perhaps, is the best remedy for local use.—Levin West, M. D., Brunswick, Md.

[Written for the MEDICAL BRIEF.]

Fevers.—It is the common, simple treatments in fever that are most neglected. No matter what the fever may be, we should first clean out and disinfect the alimentary canal. Calomel in full doses, sulpho-carbolates and salines will do this.

Secondly, we should reduce the fever with external cold.—C. E. Boynton, M. D., Los Banos, Cal.

[Written for the MEDICAL BRIEF.]

Labor.—Remember that you have no right to cross the threshold of a lying-in-chamber unless you are "up" on all remedies for flooding. When a *post-partum* hemorrhage is running, you have no time to go home for your book.—J. L. Fennell, M. D., Waterloo, S. C.

[Written for the MEDICAL BRIEF.]

Rhus Poisoning.—While sojourning in Pasadena, Cal., I saw a number of cases of rhus poisoning. A few months ago, I stated in the BRIEF that a non-volatile oil caused the poisoning and that alcohol would dissolve the oil, and a solution of soda would saponify this oil. I also stated that much washing with warm water and resinol soap would wash away the oil and promote the cure.

Now I write to say that the most common way of poisoning by rhus is through the agency of small flying insects which hatch upon and infest the leaves of the rhus, and thus becoming saturated with the poison they take flight and light upon un-immune subjects and poison them. They also alight upon every surrounding plant and shrub and object, and the un-immune subject is poisoned by handling these. I wish some entomologists would devise some method of destroying the aforesaid specific rhus-eating flying insects.—Silas Hubbard, M. D., East Aurora, N. Y.

You will find enclosed one dollar P. O. order, my subscription to the good old MEDICAL BRIEF for 1904.—W. W. RAMBO, M. D., Alston, Ark.

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[Written for the MEDICAL BRIEF.]

The Treatment of Scarlet Fever and Diphtheria.

BY R. J. SMITH, M. D.,
Smithfield, Utah.

The treatment resolves itself into prophylaxis and medicinal. The patient ill with either of these diseases should be rigidly quarantined, and a competent nurse put in charge. The room should contain only the bare necessities, be easily ventilated, and isolated from the rest of the house by a cotton sheet tacked in the doorway, and kept well sprinkled by the nurse with formaldehyde or carbolic solution. All the utensils in use, vessels, dishes, etc., should be placed immediately after use in an antiseptic solution. Sanitary napkins or pieces of cloth should receive the mouth and nasal secretions, and be immediately burnt. The nurse should not mingle with the rest of the family, unless dress is changed or well fumigated. The physician in attendance should be most careful to prevent the spread of the disease by attention to thorough disinfection or by wearing a gown while in the sick-room.

The diet should be highly nutritious and liquid, given regularly in small amounts. Egg white, milk, buttermilk, meat and fruit juices are usually acceptable and easily digested.

A light flannel gown should be worn to prevent taking cold.

Bathing carefully but thoroughly and frequently with antiseptic solutions, acid carbolic, one in eighty, mercuric chlorid, one in ten thousand, should be part of the systematic treatment.

In scarlet fever especially, bathing is a very important part of the treatment, and in conjunction with inunctions of carbolized vaseline will prevent many of the sequelæ. The cold pack, if fever is high, the ice cap or ice cloths to head, or to throat, to reduce fever, lull pain, reduce swelling, are beneficial.

Plenty of cold boiled water, with or without potassium bitartrate (cream of tartar), is grateful to the patient, and assists elimination.

The cold sponging or cold packs are generally sufficient to reduce fever. Coal tar preparations for this purpose should be interdicted. Aconitine, or, preferably, the dosimetric trinity, will act quickly and safely. But if the bowels are thoroughly emptied and kept free, the fever will be easily controlled.

As a stimulant, brucine acts beautifully in children. Alcohol is never necessary.

For the throat affection, peroxide of hydrogen is good. In those cases, however, where the throat is greatly swollen, the neck edematous, I have found nothing so quickly beneficial as echinacea, or, in the form in which I have lately used it, ecthol. The great field of this remedy is in blood poisonings, in edematous and gangrenous conditions of the throat and neck, with throat dark and dirty, tongue full and coated with dark dirty deposits.

In these cases, ecthol acts magically, reducing by its local antiseptic action the swelling and the gangrenous condition, and acting as an efficient systemic antiseptic as well. It is an unexcelled intestinal antiseptic, and specially useful in the treatment of the diseases under discussion.

In diphtheria it acts almost specifically. The general condition improves rapidly, and the throat quickly shows the beneficial action of the remedy. In both scarlet fever and diphtheria, sepsis is a prominent symptom, and it is in this that ecthol is so certainly indicated.

In small children I use it as a swab, applying every two hours undiluted, giving it internally also in half teaspoonful doses every four hours until improvement is manifest. In older children, it may be used as a gargle, diluted one-half. To get the best effects of the medicine, the bowels must be kept freely open.

Lately I attended a family, three children of which were ill with severe scarlet fever. I put them on a modification of the above treatment, using calomel and a saline laxative to flush bowels as a preliminary to further treatment. To the other two children I gave ecthol as a preventive. The sick children improved rapidly, although all were in the beginning extremely prostrated. The throat in each was swollen almost shut, deglutition impossible, phonation hoarse, fever from 103° to 105° F. Ice cloths were applied to the neck, and ecthol used as a wash, for

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six hours, until the swelling was sufficiently reduced to permit of swallowing. The other children refused to "take" the disease.

In one case of diphtheria, the treatment consisted of the use of Lœffler's solution as a swab every four hours, and ecthol internally, in half teaspoonful doses every four hours, until some improvement, then fifteen drops at same intervals until well.

Some two years ago, echinacea stood me in good stead in a case of diphtheria in which antitoxin was refused. The throat reduced rapidly in size under its use, and the general symptoms improved from the first dose. In this family, the other child was given the medicine, and although she slept in the same bed with the other child, did not develop diphtheria.

Of late, I have used ecthol, as being a reliable preparation, and being combined with thuja, it has proved a very efficient remedy in all cases of sepsis.

[Written for the MEDICAL BRIEF.]

Lucid Lethargy or Suspended Animation.

BY J. W. C. WEST, M. D.,
Gill, Ark.

The subject of this narrative was a brunette, age thirty years, a plurapara at the third birth. Has always been molested more or less with utero-ovarian irritation, from the very onset of her catamenial visitation.

As a consequence of these ovario-uterine troubles, other complications followed, such as hypertrophy of os and cervix, with retroversion of the uterus, and all other symptoms belonging to this class of disorders. Hence, she received treatment at various times, and by different physicians, with only temporary relief, to be repeated time and again at varying intervals.

At her third confinement, I was attending accoucheur, delivering patient in about twelve hours, without instrumental interference.

Following this accouchment was a renewal of all her former female troubles, coupled with an extension of pelvic phlogasis, high temperature, ranging from 103° to 105° F., rapid circulation with severe nervous complications, such as intensive cephalagias, with muscular spasms of the extremities.

Continuing this course for a number of weeks in a semi-unconscious condition, she seemingly, and to all appearance, gave up the ghost.

To this cadaveric appearance was the following proof of her departure: A marble coldness of her entire corporeal frame, with contractions of both eye-lids and lips of the mouth exposing to view both the eyes and teeth, the latter being covered with sordes.

There was an entire suspension of both cardiac and pulmonary organs, the patient remaining entirely motionless for about thirty hours.

As a consequence of this apparent death, her burial equipment was ordered and in readiness for her interment, and while preparing her for the last and final bodily adornings, it was discovered that a slight warmness pervaded the body.

Upon this discovery a family conference was held, and my whereabouts was sought in great haste.

I attended the call with promptness, giving the subject a thorough and minute examination, discovering, but yet faintly, the radial pulsations. I at once, and with promptness, resorted to my restoratives, such as hot water bottles around the subject, mustard cataplasms, and my hypodermatic application of strychnine and glonoin. These adjuvants, coupled to Nature's determinations, we had the untold pleasure of restoring to the relatives and friends a living body, that a few hours previously was an undoubted death.

After much rejoicing, the patient gave a full and complete narrative of all that had been said and done during her supposed death.

This patient is still living, tipping the beams at two hundred and twenty-five pounds, and has her third husband.

Enclosed find one dollar for the MEDICAL BRIEF another year. To say one word in praise of the BRIEF is superfluous; it speaks for itself.—H. E. MILLER, M. D., Alton, Iowa.

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[Written for the MEDICAL BRIEF.]

Little Things Usually Overlooked by Physicians.

BY ROBERT A. GUNN, M. D.,
New York City.

III—ERRORS OF DIET.

Many fallacies regarding foods and their relative values in health and disease are still entertained by the public, as well as by many in the medical profession. In calling attention to some of these I trust I may be pardoned should I reiterate something I may have said in previous articles, or repeat what has long been known to the older members of the profession as established truth.

I have before said that, as a rule, people eat too much. I now add that excessive eating is almost invariably the cause of the various disorders of the stomach and bowels, so frequently met with, especially among the denizens of large cities. Following these we have developed the various disorders of nutrition, as scrofula, rickets, rheumatism, gout, scurvy, diabetes and obesity.

When the stomach is overloaded, even with the best kinds of food, acid fermentation takes the place of normal digestion, and assimilation is arrested. Before the fermenting mass has time to pass from the stomach, another hearty meal is partaken of, and in a short time the stomach and bowels are so distended with gases as to render all the stages of digestion impossible. This is especially true of professional and business men, who lead sedentary lives, and whose brains are constantly active.

A case in point will illustrate this, and it is only one of thousands that come daily under the notice of physicians.

J. W., aged thirty-four, a prosperous broker, residing uptown, and doing business in Wall Street, New York, consulted me in February, 1892. When he reached my office he was gasping for breath, and it was half an hour before he recovered sufficiently to give me a history of his case. His skin was cold and clammy, his face, lips and ears were almost bloodless, his whole body trembled violently, and his countenance expressed fear as well as intense suffering. When he could speak he said he was suffering from heart disease, and that he had been treated by several physicians without obtaining relief.

On examination I found his entire abdomen enormously distended, his liver was enlarged and hardened, his heart palpitated violently, slight pressure over the stomach caused severe pain, and he seemed on the verge of collapse. His tongue was heavily coated with a thick brown coating, his bowels were constipated, and he constantly suffered from colic and flatulence. He said that he could sleep only in the semi-recumbent posture.

On inquiry I learned that for years he had eaten a very hearty breakfast about eight o'clock, and immediately afterwards took a car to his office. There his mind was actively engaged with the exciting events of a broker's life till one o'clock, when he went to lunch. He again ate heartily, and in ten or fifteen minutes he returned to his office, and continued his work till five or six o'clock. On reaching home he would eat a dinner of six or seven courses, and then start to his club or some place of amusement, and finish the day with a late supper.

When he finished his recital, I wondered that he had not broken down long before, as this had been his routine life for years.

He first began to suffer from the usual symptoms of dyspepsia, which were soon followed by sleeplessness, general nervousness, constant palpitation of the heart, marked emaciation, and finally a constant dread of sudden death from heart disease.

I first assured him that he had no organic disease of the heart, and that his entire trouble was with his digestive organs. I ordered him to drink two goblets of hot water every morning, and several times during the day, and to abstain entirely from eating as long as possible. I also prescribed a compound podophyllin pill, every night, to act on the liver and move the bowels, and directed that he remain away from business for a time.

He went five days without taking any food, and experienced no inconvenience or desire for food after the first day. During this time the bowels moved freely several times a day, and the circumfer-

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ence of the abdomen was reduced seven inches.

In the meantime he was free from the palpitation of the heart and the constant distress in the stomach, and was willing to admit he was greatly improved.

For the next few days his diet consisted of bovinine, raw eggs and milk, administered in small quantities every two hours. At the end of the second week he felt so much better that he wanted to return to business. This I agreed to, with the understanding that he was to follow my directions implicitly. I insisted that he should only eat two meals a day—breakfast at eight A. M., and dinner at 6:30 P. M. For breakfast he had chopped beef, broiled rare, with gluten bread and hot milk, and for dinner some plain animal broth with roast beef or mutton and gluten bread. He soon, however, varied his diet by adding eggs, bacon, fowl, fish, and green vegetables, still avoiding potatoes, rice, corn, white bread, pastries, puddings, and sweets of all kinds.

I also insisted that he should remain quiet half an hour after breakfast, and that then he should walk at least a mile on the way to his office. In the evening I ordered a rest of an hour before and an hour after dinner, while lunch and late suppers were strictly prohibited.

I also gave him a number of exercises to bring the muscles of the arms, chest and abdomen into action, which he practiced before retiring and on getting up in the morning.

In a short time he was entirely well, and has remained so till this day, and has increased in weight from one hundred and thirty to one hundred and seventy pounds.

I have seen hundreds of such cases where this plan has effected a cure. Try it, doctor, and leave medicines alone, and I am sure you will be more than satisfied. With only two meals a day, the morning meal is entirely digested and removed from the stomach, which is thus left in a proper condition to receive and digest the evening meal.

About fifteen years ago, I, myself, began to have trouble with my stomach, especially after eating a hurried lunch. I discontinued my noonday meal, and have only eaten two meals a day ever since, and I have never had any further trouble, and have continued in perfect health.

Many persons find it impossible to eat certain kinds of food without a feeling of disgust or some unpleasant effect being produced. In such cases it is wrong to urge such foods on old or young, sick or well, on the supposition that they are healthful, as each person is better able to judge for himself what foods agree with him than anyone else can judge for him.

Of course a perverted appetite, that craves for unnutritious and indigestible articles of food, should not be gratified, for, in such cases, there is some abnormal condition that should be discovered and corrected.

As a rule, physicians pay too little attention to dietetics, and depend too much upon drugs. People should be made to understand the importance of thoroughly masticating their food, as the first step towards perfect digestion. No one can wash down their food with frequent swallows of fluids without sooner or later suffering from indigestion. No fluid should be taken during a meal, but each mouthful should be sufficiently masticated to cause ensalivation enough to render swallowing easy. After the meal a moderate amount of fluid may be taken, if desired, but not so much as to dilute the gastric juice, and thus retard stomach digestion.

The practice now so common, especially in large cities, of taking some strong stimulant before a meal to stimulate the appetite, and following this by an equally strong alcoholic cordial to aid digestion, is productive of much harm. These strong alcoholic beverages, taken at meal times, precipitate the pepsin of the gastric juice, and thus digestion is retarded. When taken after a meal they irritate the mucous membrane of the stomach, and cause a muscular contraction, which forces the food into the intestine before it is digested. Thus all benefit of the digestion of the proteid is lost, and the intestines have extra work to perform in throwing off the undigested mass as feces.

Persons advanced in years, or those whose digestive organs have been weakened by disease, may use some weak wine or beer with advantage, either before or after the meal, but in no case should the

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percentage of alcohol in these beverages be greater than eight or ten per cent.

When stimulants are required, they should be taken midway between meals, and should always be largely diluted with water. When pure whisky or brandy is taken, it irritates the mucous surfaces of the stomach, and if persisted in it causes a congestion which soon destroys all normal function.

While alcohol has a place, both as a food and a medicine, its continuous use is productive of much harm, long before it leads to intoxication. I believe that it does harm, instead of good, when taken regularly by persons under twenty-five years of age, but for persons over fifty or fifty-five, when properly used it is often of great benefit. In another article I shall discuss the theory of stimulation and the use and abuse of alcohol.

692 East One Hundred and Forty-Second Street.

[Written for the MEDICAL BRIEF.]

The Morphological and Psychophysical Intrinsicalities of the Negro Race.

BY N. B. HERRING, M. D.,
Wilson, N. C.

(Continued from page 798.)

This subject might be elaborated with many illustrations, arguments and conclusions, but being only the basis for the contrast between the white and black races of mankind, I shall now take up the negro, and endeavor to show from his anatomical, physiological and psychical organization, that, compared with the Caucasian, he is greatly different in structure, and vastly inferior in mind. I shall, also, endeavor to show his present status in the body politic of these United States, and predict for him a career of usefulness and happiness under his limitations, and the fearful holocaust of butchery and blood which will surely overtake him in his present efforts at competition with the race which enslaved, civilized and set him free.

Every one who has studied the anatomy of the negro has found, not only a striking difference in the structure, size and shape of the brain compared with the white man, but the conformation, structure and function of the different organs throughout the body bear a closer resemblance to the inferior animals.

Winchell says, "Among negroes the forearm is longer, in proportion to the arm, than is the case with whites. The same is true of anthropoid apes. The negro's arm, when suspended by the side, reaches the knee-pan within a distance which is only four and three-eighths per cent of the whole length of the body. The white man's arm reaches the knee-pan within a distance which is seven and one-half per cent of the whole length of the body. (This was strikingly the case with Peter Jackson, who fought Corbett.)

"This length of arm is a quadrumanous characteristic. The negro pelvis averages but twenty-six and one-half inches in circumference; that of the white race is thirty-three inches. In the negro it is more inclined, which is another quadrumanous character.

"In the negro skull the sphenoid does not, generally, reach the parietals, the coronal suture joining the margin of the temporals. The skull is very thick and solid, and is often used for butting, as is the custom of rams. It is flattened on the top, and well adapted for carrying burdens. The clavical is longer in proportion to the humerus than in the white. His radius is perceptibly longer in proportion to the humerus—thus approximating to that of the ape. The scapula is shorter and broader. The arm is shortest in whites, longest in negroes and intermediate in mulattoes.

"The mean weights of brains of three hundred and forty-seven Europeans, men and women, in grammes, were one thousand two hundred and ninety-six. In twenty-one negro men and women, one thousand one hundred and seventy-eight. Among negroes, the cerebral substance is not so white as among Europeans; the capacity of the lungs is less than among whites, and the circumference of the chest is less. The legs are more slender, the calf is smaller, and placed at a higher elevation. The thinner muscles are a general characteristic, as may be seen in the arm. The heel is more projecting, and the arch of the foot is less. As to the pilous system, it is deficient in the negro. The hairs of the head are black and

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crispy, with a flat transverse section, and are inserted vertically in the scalp.

"In the negro, the development of the body is generally in advance of the white. (I, myself, knew a negro girl who was a mother at eleven years of age.) His wisdom-teeth are cut sooner, and in estimating the age of his skull, we must reckon it as at least five years in advance of the white. The temperament of the negro is more sluggish than that of the white man. In Africa, the negroes are extremely indolent, and use little exertion for their well-being. In respect to activity, industry and enterprise, the habits of the negro have not improved with his improved freedom and self-dependence. In slavery, coercion prompted to some regular occupation, however inefficient; in a state of liberty the negro exercises his right to live in idleness until he becomes the abject slave of want. (I have known one to die of slow starvation since the war.)

"Simultaneously with a fundamental identity of anatomical and physiological characters, the races are widely and sufficiently distinct in details. This is also the state of the case when we compare them psychically. Every race and every condition is characterized by some degree of intellectual activity, by some form of manifestation of the social sentiments, and by some degree of a moral and religious consciousness. But races differ both widely and ineradicably in the relative strength and influence of the various powers of the soul. Among the negroes the perception of music is strongly marked, and rhymes and rhythm are found peculiarly agreeable. The social sentiments are predominating. The religious emotions are notoriously strong and susceptible; but these are not accompanied by any adequate intellectual conceptions. In fact, negro worship, from the Ludlaba to the Soutee, is a brainless voluptuousness of religious emotion. In the pursuit of education, the limit of their powers is generally reached with the ability to read painfully. They seldom pass intelligently through the elementary methods of arithmetic. Their mental sluggishness and lack of grip are manifest in their universal want of exactness in manipulation, perception and thought.

"In confirmation of the view here presented of negro sluggishness and incapacity, I cite the testimony of an experienced teacher among the freedmen, under the auspices of the 'Freedmen's Aid Society.' He says, 'In early life I had conceived a horror of slavery in all its forms, and had long held to the opinion that the negro, once freed, and having a fair opportunity, would surely make rapid progress toward becoming a good and honorable citizen. I expected a good deal more than I have found.' After narrating the extent and variety of his experiences in New Orleans, Huntsville and Nashville, he gives his conclusions, as follows: 'As a rule, the negro does not learn as well as do the children of this State (Ohio). Some things they seem to master readily, but when they come to any reasoning, they usually fail. They read well, if they have a good teacher, and nearly all write well. In arithmetic, grammar, geography and the higher branches, they are mostly very deficient. They learn definitions tolerably well, but fail in the application. In arithmetic, a class may learn a method of solving examples, and will work them with wonderful facility. You pass on a week or so with the class, come to a place requiring the use of the principle formerly learned, and it is all gone. I had in my charge a class in arithmetic that had been half through the book; upon examination I found that not a single one of them could work an example in long division. I meet very few who know anything about grammar. Fear is usually the only thing that controls them. Very few of the finer feelings find any lodgment in their natures. Having been once taught to obey, they do tolerably well. The coarse nature is easily aroused, and they have never heard tell of such a thing as self-control. A negro knows no bashfulness; no feeling of diffidence in the presence of superiors ever troubles him. If accused of anything, they assume a look of injured innocence that would credit the veriest saint in the calendar. They never plead guilty, and have an excuse for any and all occurrences.'"

This, now, is the testimony of a Yankee, an abolitionist, an advocate of negro education, whose personal experience had given him the knowledge, and the long

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extract from "Preadamites" is from an unprejudiced Northern scientist, whose knowledge of biology and paleontology had given him an insight into the negro character equal to that of the Southern planter.

The average Northerner, in his bigoted seclusion, and his prejudice against Southern institutions, can be converted only by the overwhelming testimony of facts and personal experience. These people lose sight, or know nothing of, scientific or historical evidence, and follow a milk-livered mentor born of chaos and nurtured in darkness. Like the middle age hierarchy, fighting truth under the guise of higher-law sovereignty, they prefer darkness to light, and often swing to the other extreme under the guidance of that half-truth gained in the school of dilettanteism. Thus, it is said of that misguided emissary of abolitionism, Harriet Beecher Stowe, that her conscience smote her keenly for the homage paid to Moloch in the height of her literary fame.

Quoting from an article in the *Presbyterian Standard* of December, 1903, by Jeanette Robinson Murphy, I find this postscript: "Since writing the above article last January, I have been inquiring into the attitude which Mrs. Harriet Beecher Stowe assumed towards the negro race after she removed to her Southern home at Manderin, Florida.

"It is said that she gave orders that no negro was ever to enter her yard. Rumor also avers that shortly before her death she declared that if she had fully understood the negro nature that she would never have written 'Uncle Tom's Cabin,' and, moreover, that she keenly regretted her part in bringing on the war."

If there is any one thing in which people are ignorant about themselves, it is as to what they will do. Certainly, man is not a prescient being, but the inner consciousness of every one tells him that he will do certain things and will not do certain other things. Often when it comes time for action, this self-appointed mentor sends him in the opposite direction from which it had previously advised. Nothing can be more fallacious in its teachings than that bigoted monitor conscience, so much relied on for our human guidance. It is a cause—always a cause—never an effect, therefore a cause without a cause for all the human obliquities and moral turpitudes which have beset frail mortality since passion usurped the throne of reason.

The man guided by conscience is guided by passion, and is a slave to his own ignorance. Not an abolitionist in America whose conscience would be at ease under a regime of African slavery; not one but would incarcerate in State's prison the same negro for the theft of a chicken or the pillage of a house. Not one opposed to lynching but would be a lyncher with the crime at his own door; not one who ever came to the South since freedom, and remained long enough, but is now the inveterate enemy of the negro, and wants him transported.

The true and only friend of the negro is the man who once owned him; who was raised with him and knows him, who will lynch him for rape and bail him out of jail for theft, who will feed him when he is hungry, and compel him to work when he is well.

That meretricious crusade against slavery which resulted so disastrously to the peace and happiness of this country, and more particularly to the slave himself, finds its parallel in the interminable changes and combinations of the elemental principles of matter which transfer names without any change of nature or substance. Personal liberty conjures up a multitude of task-masters, and the whip-hand is withheld from those only whose movements coincide with the customs of society. If personal liberty be such an inestimable boon, why have penalties attached to certain actions of the man who exercises his freedom in the only way he may imagine will contribute to his happiness? Why enact prohibitory laws against the manufacture and sale of intoxicants, thereby restricting the personal liberty of the drunkard? Why erect a gallows for the murderer and State's prison for the thief? Why not let the tramp rove unmolested through the country and abrogate all vagrant laws? Why have any law at all? Every law limits or takes away the personal liberty of some one. True slavery is that which galls and chafes and wears away the spirit and the life of its victim. The anarchist is a

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slave in a law-abiding community, and the jurist would be a slave among savages. One man is a slave to his passions, another to drink, a third to mammon, and a fourth to superstition. Slavery has as many shades as the chameleon, and its name is legion, and so long as men are beset with passions, personal liberty will remain a romantic extravaganza, a dream of Analschar, unreal, unattainable.

(To be continued.)

[Written for the MEDICAL BRIEF.]

An Original Article on Tubal Pregnancies, With Report of a Case.

BY PRESTON HUNT, M. D.,
Texarkana, Tex.-Ark.

Tubal pregnancy or ectopic gestation is much more frequent than was formerly believed. Both twin and treble tubal pregnancies of undoubted occurrence have been reported. The causes of this misplaced impregnation have been the subject of a vast amount of discourse, but no satisfactory explanation as to the true causes of tubal pregnancy has as yet been set forth.

The earlier investigators classed extra uterine pregnancy as follows: Tubal, ovarian, and abdominal pregnancies, laboring under the impression that the female ovum or egg was joined by the spermatozoon of the male semen in the tube on the ovary or in the free abdominal cavity where fecundation took place. The more recent investigators, however, have disproved this idea, and it is now practically settled that all ectopic gestations occur in the fallopian tube, and what were formerly thought to be ovarian or abdominal pregnancies followed tubal pregnancies, by what is termed tubal abortion (expulsion of fecundated ovum from tube through ovarian end), or by rupture of tube from growth of ovum. After expulsion or rupture, the fecundated or fertilized ovum frequently continues to develop, and presents the appearance, at a later date, of having developed from incipiency in the site where it is located when discovered.

The following factors are probably responsible for tubal pregnancies. The spermatozoa of the male semen are of motile structure, and move by the activity of what might be termed the tail, or, to simplify, they travel very much like a wiggle-tail, and in this way gain entrance to the uterine cavity and tubal canal. The spermatozoa will live and remain active in the vaginal secretions for from a few hours to as many days. Normal pregnancies occur by the meeting of the male spermatozoon with the female ovum in the uterine cavity where the ovum becomes fecundated. When the ovum and spermatozoon meet under favorable circumstances, the spermatozoon approaches and penetrates the outer surface of the ovum to the extent of the head, and then seems to rest, but finally the tail of the spermatozoon disappears, and it is found that the entire germ has entered the ovum. No theory has been advanced as to how the balance of the spermatozoon succeeds in gaining an entrance into the ovum after the head has penetrated the outer surface, but it probably completes its entrance through its amœboid movement, the protoplasmic element of the tail simply passing into the interior of ovum similar to the passage of the white blood corpuscles through the walls of the capillaries.

The female egg or ovum is discharged from the ovary several inches from the uterine cavity, and must pass through the fallopian tube to reach the cavity of the uterus. As the ovum is non-motile, it is helpless within itself to reach the womb, but the canal of the fallopian tube is lined with cilliated epithelial tissue, the cillia of which in health are continually moving, and their motion is in the direction of the uterine cavity.

When the woman ovulates, or the egg is discharged from the ovary, the ovum enters the fimbriated extremity of the tube, and is wafted along the canal of the tube until it reaches the uterine cavity, requiring from two to ten days to complete this journey. If the spermatozoon from the male semen is met with in the womb, fecundation takes place, and normal pregnancy follows; if the spermatozoon is not met, the ovum perishes. If from any cause the spermatozoon should pass through the uterine cavity and enter the fallopian tube, and there meet and fecundate the ovum, tubal pregnancy oc-

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curs. This may take place at any point within the tube, but it usually occurs in the ampulla, near the ovarian end of the tube. As to why the ovum does not pass into the womb, there to develop normally, after fecundation takes place in the tube, is not understood, since the size of the fecundated ovum remains small enough to easily pass through the tubal canal sufficiently long to permit this passage.

The following causes have been suggested as the reason for this failure to pass out of the tube into the uterus after impregnation, and no doubt play an important part in the phenomena: reversed peristalsis of tube; loss of cillia in the tube; length of tube; tortuous or convoluted tubal canal; kinks in tube; abrupt flexures, etc.; or possibly mucous plugs might obstruct the way, the plugs occurring after the spermatozoon has passed into the tube, or constrictions in the canal sufficient to prohibit the passage of ovum, but admit of the passage of spermatozoon, the latter being much smaller than the former.

Transmigration of the ovum has been proven by tubal pregnancy taking place in the fallopian tube, after removal of the ovary on the side where tubal pregnancy subsequently occurred, showing clearly that the ovum must have passed across from the ovary on the opposite side and entered the tube there to meet the spermatozoon. This would suggest that the ovum is not entirely non-motile, but it is more probable that the ovum is carried over to the opposite side by accident through movements of the small bowels or some other cause not understood at the present time.

For symptoms and diagnosis of ectopic gestation, the reader is referred to text books on Obstetrics and Gynecology. The treatment of tubal pregnancy is almost universally surgical. If the diagnosis can be reached, or if a strong presumptive diagnosis can be made before the tube is ruptured, which usually occurs from the fourth to tenth week, the operation is both simple and safe, and amounts to but little more than the removal of the fallopian tube with the products of conception intact. If, however, the case goes on until rupture occurs, and dangerous hemorrhage is eminent, which must be recognized by the symptoms presented in each case, then the abdomen must be opened at once, and the point of bleeding sought out, and the hemorrhage controlled with forceps; then after cleansing the abdominal cavity, safe ligatures applied to the bleeding vessels. After this, the products of conception should be removed. If you can feel sure that no infection has occurred, the abdomen should be closed. If bleeding has been extensive, intravenous saline infusion should be administered, and other steps should be taken to overcome the existing shock.

Many of these cases will rupture the tube gradually, that is, the tube will continue to stretch, rupturing a little now and then until the tubal wall covering the membrane enveloping the fetus is very thin, and the gradual pressure destroys the blood vessels until, when the final rupture occurs, there is neither much pain, hemorrhage, nor shock, and the placental attachment is not much disturbed, the growth of the fetus may continue to full term. (It was this occurrence which caused the earlier surgeons to believe addominal pregnancies truly existed, not recognizing the fact of the former gradual rupture of the tube.) When spurious or false labor sets in and the child dies—when this happens the case must be dealt with according to circumstances, usually demanding immediate abdominal section and removal of dead child in every instance. There are cases, however, of undoubted occurrence where a full term child has decomposed, been absorbed, and a complete recovery of the mother resulting. More frequently, however, the developing child dies from some cause, and decomposition sets in, producing sepsis with its accompanying symptoms. When this happens, the products of conception must be removed by surgical procedures, either through the abdomen or vagina, according to indications.

Recently I had the fortune or misfortune to meet with a case of this kind. A physician called on me one day, and asked me to do a curettage for him the following morning, which I readily consented to do. He gave the symptoms in the case as follows:

Patient about twenty-nine years of age. Had been troubled for four months with a

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continuous discharge from womb, but had continued to do her work until a week or ten days previous, since which time she had been confined to her room, and had suffered considerable pain in the pelvic region, and especially during the last two or three days previous to his visit to me. Patient had developed a little fever on the day the physician called on me. The physician was unable to secure a very definite history of the case, and had not examined the patient, but had concluded that she suffered with chronic granular endometritis.

On the following morning the patient presented herself at my office. I requested that the patient be anesthetized in an adjoining room, as I was using my operating room at the time. This was done, and the woman brought into the operating room, and I felt so sure of the attending physician's diagnosis that I did not stop to examine the patient, but prepared for curettage.

On introducing the uterine dilator and making a slight effort to dilate the cervix, I found the tissues very friable, and I lacerated cervix in my first effort to dilate the os. This caused me to halt, and on introducing a uterine sound, it readily passed six or eight inches, as I thought, up into the abdomen. I advised the physician in charge that I had either punctured the womb, or that a large patulous tube existed, and that I did not know which, but in either case it would be necessary to open the abdomen.

On further examination I found a mass, the size of a large orange, close to the left horn of the womb. While the physician was gone to confer with the woman's people, I prepared for laparotomy. He secured her people's consent to operate. At two strokes of the knife, I entered the abdomen, and found the omentum and surrounding intestines matted together, completely covering the fetal sac, enveloping the fast decomposing product of conception, of probably four months' growth. The omentum and intestines were closely adhered to the sac, and the blood vessels of the omentum had developed to fully the size of a crow's quill. The omentum was ligated in two parts, and at least three-fourths of it cut away. The guts were separated from the sac, and the tumor delivered. The uterine and ovarian arteries were ligated, and the tube, ovary and fetal sac removed in a mass, but the sac was ruptured, and considerable pus and debris of a very offensive odor escaped into the free abdominal cavity.

A general toilet of the entire cavity was made as thoroughly as possible, using ten or twelve gallons of sterile and semi-sterile water in irrigating this cavity; counter drainage was made through the lumbar region, and a piece of iodoform gauze passed from the original site of the sac through the lumbar opening.

The abdominal cavity was closed. Patient was sent home, and a very doubtful prognosis was given to her people. Contrary to my expectations, this patient made a complete and uninterrupted recovery, and was doing light house work within three weeks from the operation.

I would urge upon every obstetrician the importance of a close study of the symptomatology of extra uterine pregnancy, and feel sure that many of these cases are left to the unaided efforts of Nature, some of the patients losing their lives through the want of a correct diagnosis; others becoming invalids for an indefinite period of time, after which they make a complete recovery.

I am due the attending physician in this case many thanks for valuable assistance rendered during the operation.

Criticisms and comments invited.

[Written for the MEDICAL BRIEF.]

Pontifex Maximus.

BY E. J. KEMP, M. D.,
Jasper, Ind.

(Continued from page 793.)

The income of the priests in ancient times was derived from leasing and renting their lands, and from the alms and contributions given by the patients and pious persons. These moneys were put into a common treasury, and the salaries of the inmates of the monastery or temples were paid from the surplus left after all the expenses of the institution had been paid. There was generally a surplus. The priests were free of all taxation by the State, but on the other hand they had

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to perform all their duties especially away from the temples free from all compensation. So we learn from Diodorus, as also concerning the diet of the priests, on which point we may also learn from Herodotus, Schmid, Plutarch, and others. No animals were killed for the table until they had been inspected by members of the order especially trained for the purpose. Cows and bulls were not killed for meat for the table, but mostly oxen, antelopes, sheep; and pork was allowed once a month. Fish, especially salt water fish, swallows, and other sea-birds, were forbidden. One of the reasons given by the historians for the non-use of fish was that they increased the sexual powers and desires, which was something the priests had to guard against. Onions were forbidden for the same reason. Salt was also scantily used. Of the oils, olive oil alone was looked upon with favor. Wine was used by the priests, and also a sort of beer, but always with moderation. According to Herodotus the beer contained lupulin, the active principle of hops.

From the same historians we learn that the priests taught the common people hygienic rules. Thus, instructions were given concerning physical and mental labor, the regulation of the bowels, and even the sexual relations between man and wife were governed by set rules. There can be no doubt that Moses learned his hygienic education as found in the Bible from these ancient priests. Diodorus further tells us that children were taught to eat only vegetables and roots, and that they should go barefoot. They were taught by the priests to cleanse themselves every month by means of emetics, cathartics and enemas. And Isokrates tells us that the ancient Egyptians under the rule of the priests were an unusually healthy people.

About physiology the ancient priest-doctors knew very little. After the Egyptian Kings, the Ptolemies instituted the art of dissection of the human body; physiology got the start of a science, but it was many centuries before it deserved the name of a science.

About chemistry the ancient priests knew something. Thus they understood how to cover other metals with silver-colored blue, according to Bergman, the Swede. They also made salves and plasters of lead and copper, and manufactured other medicines from metals as well as from roots, herbs and vegetables.

The Jewish priesthood resembled the ancient priests in their customs, their rules, their culture, and in their organization, so much so that the Greeks were wont to class the Jews as descendants of the Egyptians. So Strabo tells us. The main difference may be considered to have existed in the fact that the Jews adored but one God, the great Jehovah. Absolute obedience to the commands of Jehovah, the ten commandments, was demanded of the members of the Jewish race. During the period of four hundred and thirty years the Jews were the servants of the Egyptians, until Moses delivered them from bondage. There is no doubt that Moses followed the Egyptian fashions closely, and that he made of the future government of the Jews one which was based on the power of the priests. In fact, it may be considered a government by the priests, and Moses was the "Pontifex Maximus." The knowledge possessed by Moses in the field of medicine must have been vast, if one may judge from what we read in the Bible, that great book of science and literature. He was the master of the Egyptian priests in the art of magic, in the mysteries of Nature, in the science of medicine, and in chemistry. Thus we read that he turned the golden calf into ashes, something that I doubt whether our modern chemists could do. He also purified the waters of a spring by throwing into them a certain kind of wood, an art that would certainly not be despised to-day.

After Moses, the greatest "Pontiff" of the Jewish nation, undoubtedly ranked Solomon, the King. Of him we read that he was the most learned man of his age. He had a good knowledge of botany, geology, agriculture, and knew much concerning animals, fishes, insects, worms, etc. He cured cases of sickness by means of remedies, and paid but little heed to magic and imposture. But, alas, even at that early period of the history of the human race, people wanted to be humbugged, and the knowledge of Solomon was either forgotten or neglected after his death.

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Let us turn our attention to Greece, the birthplace of rational medicine, and we find a great "Pontiff," probably the greatest in all history, Aesculapius by name. Pausanius tells us that Arisnoe was the mother of Aesculapius. Who his father was history does not make clear to us, probably an unimportant matter. The system of medicine founded by Aesculapius was a simple affair. In the first place he argued that the normal man had very little use for a physician, and, therefore, he paid particular attention to surgery, in which branch of medicine he became very proficient. He healed wounds with soothing teas made of herbs. Abscesses he did not hesitate to open, and afterwards treat them with the application of poultices made of herbs.

Aesculapius depended greatly on prayer for the cure of internal diseases, which was probably a good form of expectant treatment. Many diseases were cured by Aesculapius by means of hygienic measures, proper diet, control of the passions of man, and hypnotic measures. The Temple at Pergamus was no doubt the greatest institution of the Aesculapian system of medicine. Miracles were attributed to Aesculapius, such as raising the dead to life, but what great "Pontiff" was not similarly accused.

Alexanor, the grandson of Aesculapius, built the first temple probably as a memorial at Titane, in honor to Aesculapius, and from that time the Aescliapedes, a priesthood of medicine, may be said to have originated. The principal temples erected in honor of Aesculapius were erected at Titane in Peloponese, at Trikka in Thessaly, at Thitorea in Phocis, at Epidaurus on the island of Kos, at Megalopolis, at Kyllene in Elis, and at Pergamus. The hygienic surroundings of these temples were excellent. They were built on high ground, gardens and trees surrounded them, the water was excellent, and no one was permitted to build a house near the grounds appropriated to the use of the temples. Mineral springs were made use of, and the waters used both for bathing and for drinking under certain regulations. Ceremonies and mysticism, of course, were used to impress the patients, and thus help them to be cured by means of suggestion. The snake was the symbol of superstition made use of by the priests in the temples devoted to Aesculapian system of medicine. They employed tamed snakes to caress and lick patients, certainly a very effective form of hypnotism. Of course, a system of medicine based principally on "religious bosh" could not last. But it must be said of the followers of Aesculapius that they improved as they went along. They used frictions, massage, friction-brushes, currycombs, and shampoos with both hot and cold water. They also demanded of their patients a report of any cures effected, and by what manner of means. Thus they acquired many valuable remedies and remedial procedures, amongst which may be mentioned a collyrium, a remedy against snake-bites, an instrument to extract teeth by Eristratus, etc. Probably the main point to be derived from the Aesculapian system of medicine is the dictum —most diseases will get well if you but give Nature a chance. Otherwise the priesthood of Aesculapius differed but little from the ancient Egyptian followers of priest-medicine.

Gautama Buddha was the great religious teacher and reformer of early India. He was born in the sixth century before the Christian era in the town of Kapilavastu, modern Kohana, not far from the borders of Nepal. His life was a long one, and most of his time was spent in founding monastic orders, and in developing lines along which the religion of Buddhism was destined to grow. Buddhism is next to Christianity the most extended religion of the world. Many points of resemblance exist between the two. One of the main features of Buddhism is the monastery and priesthood. The ten main precepts of the religion were: Not to kill; not to steal; not to commit adultery; not to lie; not to be drunken; to abstain from food out of season—that is after midday; to abstain from dances, theatrical representations, songs and music; to abstain from personal ornaments and perfumes; to abstain from a lofty and luxurious couch; and to abstain from taking gold and silver. The monks had to dress in rags sewed together with their own hands, and to own no earthly possessions. They were obliged to practice almsgiving or charity, purity, pa-

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tience, courage, contemplation and knowledge. Gautama was the "Pontifex Maximus" of Buddhism. History tells of him that he performed miracles, healed the afflicted, cured the sick, made the lame walk, caused the blind to see and the deaf to hear, and that he raised the dead to life. It is said of his religion that "for pureness, excellence and wisdom it is only second to that of the Divine Lawgiver himself." Comparative history places the ancient Egyptian mysticisms, the cult of Aesculapius, the practices of Guatama, the precepts of Confucius—the Chinese "Pontifex"—on a plane with Christianity.

I quote from Geike's "Life of Christ": "Forthwith, began to gather from every street, and from the thickly-sown towns and villages round, the strangest assemblage. The child led its blind father as near the enclosure of Simon's house as the throng permitted; the father came carrying the sick child; men bore the helpless in swinging hammocks; all that had any sick, with whatever disease, brought them to the Great Healer. The whole town was in motion, and crowded before the house. What the sick of even a small town implied may be imagined. Fevers, convulsions, asthma, wasting consumption, swollen dropsy, shaking palsy, the deaf, the blind, the dumb, the brain-affected, and, besides all, 'many that were possessed with devils,' that last, worst, symptom of the despairing misery and dark confusion of the times.

"Would he leave them as they were? They had taken it for granted that He would pity them, for was He not a Prophet of God, and was it not natural that, like Elijah or Elisha, the greatest of the prophets, the power of God might be present to heal those who were brought to Him? Already, moreover, His characteristics had won the confidence of the simple crowd. There must have been a mysterious sympathy and goodness in His looks, and words, and even in His bearing, that seemed to beckon on the wretched to Him as their friend, and that conquered all uncorrupted hearts. It had drawn His disciples from the interests of gain, to follow Him in His poverty; it melted the woman that was a sinner into tears; it softened the hard nature of publicans, and drew hundreds of weary and heavy-laden to Him for rest. Those who could, gathered wherever they might hope to find Him, and as it was this evening, those who could not come, had themselves carried into His presence. As many as could, strove to touch, if it were possible, even His clothes; others confessed aloud their sins, and owned that their illness was the punishment from God. One would not venture to ask Him to come to his house; another brought Him in that He might be, as it were, constrained to help. The blind cried out to Him from the roadside, and the woman of Canaan followed Him in spite of His hard words. When He came near, even those possessed felt His divine greatness. Trembling in every limb, they would fain have fled, but felt rooted to the spot, the evil spirits owning, in wild shrieks, the presence of one whose goodness was torment, and before whose will they must yield up their prey.

"The sight of so much misery crowding for relief touched Jesus at once, and, ere long, He appeared at the open door, before the excited crowd. With a command, 'Hold thy peace, and come out of him,' a poor demoniac was presently in his right mind. The helpless lame stood up at the words, 'I say unto thee, arise.' The paralytic left his couch at the sound of 'Take up thy bed and walk.' To some, He had a word of comfort that dispelled alarm and drove off the secret cause. 'Be it to thee according to thy faith.' 'Woman, thou art loosed from thine infirmity.' 'Be of good cheer, my son, thy sins are forgiven thee,' was enough to turn sorrow and pain into joy and health. Ere long He had spoken to all some word of mercy. The blind left with their sight restored; the possessed thanked God for their restoration; the fever-stricken felt the glow of returning vigor; the dumb shouted His praises; and thus the strange crowd went off one by one, leaving the house once more in the silence of the night. No wonder the Evangelist saw in such an evening a fulfillment of the words of the prophet, 'Himself took our infirmities and bore our diseases.'"

Whately, in his "Logic," says: "But if any one perform what is beyond the natural powers of man universally, he has

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performed a miracle." "Hence, anything that inspires wonder or admiration; a wonder; a supernatural event; an event occurring in the physical world, capable of being discerned and discriminated by the bodily senses of human witnesses, of such a character that it can be rationally referred to no other cause than the immediate volition of God; accompanying a religious teacher, and designed to authenticate his divine commission and the truth of his message. Something so out of or above the ordinary as to excite wonder and admiration."—From the Standard Dictionary.

Like every organized religion, Islam, as developed by the prophet Mohammed and the Mohammedan theologians, presents two sides—the theoretical part, known as aman, "faith," and the practical part called din, "religion." The Prophet took good care in making up his rules and regulations of the practical part of his religion to consider the health as well as the welfare of his people. Among the hygienic laws given out, were the forbidding of the use of wine and other strong drinks, gaming and gambling, usury, idolatry, etc. The prohibitory laws respecting food resemble closely those of Rabbinical Judaism, and "pure" animals had to be slaughtered according to certain fixed rules, though fish, bird, and game are generally allowed for food. A system of medicine the Prophet had none, so he relied on suggestion, hygienic rules, common practices, and by his force of will performed miracles whenever he needed them to gain ascendancy over his followers.

Gail Hamilton in *Washington Bible Class*, says: "The men who are increasing the sum of the world's knowledge are studying, not scoffing at, the Bible."

I assure the reader of this article that it is not with the idea of scoffing at religion that I am quoting these interesting extracts from history, but rather that it is the object of this paper to prove that all of the Great Healers of History did not add one jot to the advancement of the science of medicine, but rather that they effected their remarkable cures, or miracles, through the means of their moral influence over those who believed in them, aided by such hygienic and common-sense rules as were suggested by the miracle-workers. The science of medicine owes but very little to "Pontifex Maximus," but it owes a good deal to the common doctor, found both in the city and the country.

[Written for the MEDICAL BRIEF.]

The Physician and Some of His Mistakes.

BY B. M. JACKSON, A. M., M. D., LL. B.,
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"The discovery of what is true, and the practice of what is good, are the two most important objects of Philosophy."—*Voltaire.*

It has been said that mathematics develops the human faculty, but I do not recall the names of many mathematicians who were philosophers. On the other hand, I can name many philosophers who were not mathematicians, and one in particular, Jean Des Cartes, utterly failed to prove his corollary, *cogito ergo sum*, by means of mathematical problems. I, for one, regard philosophy synonymous with common sense, and any one who reasons for himself is a philosopher, more or less. But the ability to reason only is not sufficient; the would-be philosopher must also possess a strictly neutral attitude. In other words, the individual called upon to decide a matter in controversy, or, in order to arrive at a more or less wise conclusion respecting a subject matter in which he is, or may be, personally interested, *must* not only reason *pro et con*, and call to his aid any subject at his command, but must also be impartial, unprejudiced, and his mind in particular must be receptive from any source whatsoever.

We sometimes say that we can learn from an ant. The truth of this statement is demonstrable, and not only can we learn from an ant, but everything *in esse*, animate and inanimate.

The reason why there are so few philosophers in the present age, is due to two causes: (1) The struggle for existence is so great, that men like Socrates, Plutarch, and even Jesus, would starve for the want of food and shelter; and (2) people generally have set opinions. We all know that the masses do not even form their own

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opinions, but, on the contrary, they always accept the opinions of others.

With these preliminary remarks, I shall attempt to point out to the physician some of his mistakes. Am I sane? How can I tread upon delicate ground? A moment ago I remarked that the masses always accept the opinions of others. How, then, can I presume to point out to the physician some of his mistakes? Is he not a mortal being, hence, may not some of them accept the opinions of others?

That being probably the case, what of my fate? May not my fate be the same as that of Copernicus, or Mills, or Bruno, or Jesus? So at the very threshold, I am confronted with a serious problem, and am practically handicapped. However, I live in a more or less civilized century, therefore, I do not anticipate the inhuman treatment accorded to either Copernicus, Mills, Bruno, and Jesus. I am aware of human shortcomings, and those who consider themselves "holier-than-thou," or those who are anxious to rule you, may call me names, but what of that? Is truth to be kept in bondage and silenced at the instance of men? Who is the man that can justly arrogate to himself infallibility? Who is the man that can prove that he has been created by a greater and nobler force than myself? In short, who is the man that has the divine right to keep my opinion in subjection? That man has not yet been born. It is said that "the greatest enemy to man is man himself," and there is a world of truth involved in this statement. It is clearly demonstrated by many modern conditions, and particularly such as are political in their nature. For instance, when an intellectual giant warns the masses to read history, and profit by the mistakes of their ancestors, the politician only has to shrug his shoulders and say, "Oh, he is a crank," and this single word is a sufficient "argument" with the masses; hence, they disregard the warnings of the former, and invariably follow the latter. The consequence is, that the masses are their own enemies, and ever find themselves fettered with chains and in goals.

When Dr. A. T. Still declared that manipulations or rubbing will relieve or cure certain abnormal conditions, whereas medicine will not, a few physicians advised the medical fraternity to investigate his claims, and others called him names. The consequence was that the greater number of physicians followed those whose minds were not receptive, and instantly commenced to make war on Dr. Still personally, his disciples in particular, and osteopathy in general. To-day, osteopathy is an independent profession, and physicians look on and witness the immense number of its followers, which, of course, is an immense loss to the physician. Had the mass of physicians followed the advice of the intellectual among them, they would have appropriated to their own use the claims of osteopathy, the truth of some being capable of demonstration. "There is no doctrine so false as not to contain in it some truth," is a wise and true proverb, and had not the few original disciples of that school been prosecuted for practicing "medicine" without a license, it would not have been possible for osteopathy to claim recognition as an independent school, with an attendance in 1903 to 1904 of nearly two thousand students.

And right here I am tempted to smile. Aye! Laugh real hard. For the following reason: In spite of the history of the allopathic school with respect to homeopathy and eclecticism, and the recent history of all these schools with respect to osteopathy, they have now combined forces, and are making war on "Doctors of Optics," better known as opticians, who, in turn, already secured legislation in their own favor (see laws of California, Minnesota, South or North Dakota), which recognize them as an independent profession. And do not some of our own oculists claim that many abnormal conditions are due to eye-strain?

That being so, considering the proverb above quoted, and prosecution of the "Doctors of Optics" being relentless (there is a case pending in the Iowa Supreme Court against an optician for practicing "Medicine" without a license, the case having been appealed by the "Boards of Examiners." In the court below, the optician won), it will not be very long before optometry will be an independent profession in every State. In fact, they are bound to succeed, especially in States wherein prosecution is more vigorous.

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I predict that the law recognizing them as an independent profession will be passed in Iowa at the next or following session of the legislature. And, of course, their gains in rights and followers will be so many losses to physicians. What does this prove? It proves that some physicians are prejudiced, hence their minds are not open to conviction. It proves that some do not reason, nor do they profit by the mistakes of their ancestors. Moreover, that they follow the "politician" and "leader" instead of history, which is a reliable guide, and the liberty-loving, who, because of this single attitude, are the more intellectual among them. It also proves a vital defect in the human make-up, and a peculiar attitude on the part of physicians, every one of whom is supposed to be, and ought to be, a wise and whole-souled man. An individual's conduct proves what he is, and I am sorry to say that the laity has learned that the conduct of some physicians, in many instances, were not consistent with tolerance and wisdom. The moral is, that we must not prosecute those who do not agree with us, hence practice the things which they believe to be true. We have no claim to infallibility, therefore we ought not to compel others to adopt our standard of belief.

See a most interesting article by Dr. C. E. Patterson, in the MEDICAL BRIEF for August, page 717, title, "What Do We Know?" If our belief is the true one, and can prove it, let us teach the people that such is the fact, and they will follow our counsel. But intolerance toward and prosecution of our would-be competitors will never give us the right to claim a hearing, nor will the laws which we advocate and have already passed keep them out. Men do not come to conclusions by fisticuffs, but by quiet, reserved and consistent arguments. If two individuals engage in a personal combat for the purpose of arriving at a conclusion, we know that the weaker of the two will, in every instance, have the sympathy of the onlookers. It is the same with two antagonistic firms engaged in a like pursuit, and, it is the same with two antagonistic professions catering to like public demands. There is only one law of action and reaction, and a physician is fully acquainted with this law.

I heard a physician remark that if he had the legal power, he would hang every one who caters to the physical ills of mortal beings, except those who hold medical licenses. Does any sane physician think the remark was justified? If his answer should be yes, let him reflect that twenty or more years hence, one may make the same remark about his own offspring for things which he may practice not in accord with the prevailing opinions of the times. I trust, however, that his answer will be no, for every physician doubtless read something about an inquisition in the dark ages.

I also heard a physician remark that if he had it in his power, he would exile itinerant physicians because they advertise to the laity, but praised to the skies those who advertise themselves to physicians. Mind you, in the former case the people pay for the services rendered, and in the latter the physician indirectly. Are there not physicians who, instead of attending to patients themselves, and asking a reasonable fee therefor, have called in consultation "specialists" that pocketed the fees, and not only did not do the patients any good, but even not as much good as the attending physician could have done himself? Yet for the one who does not agree with him, he thought that exile ought to be the punishment, and for the other some golden token as a reward.

Again, physicians are unjust to themselves, and violate every principle of justice in matters concerning their confreres. They passed medical laws which do not recognize a licensed physician who has no diploma. So that John Smith, of Texas, who practiced twenty or thirty years, can not remove to any other State. The same laws provide, in some States, that one who graduated under a two years' course prevailing twenty years ago, can not locate therein. The laws provide in other States that one who graduated after January 1, 1899, after a three years' course, is not entitled to admission. So that John Doe, who graduated in a New York or Missouri institution in July, 1899, in each of which States the three years' course was in effect up to the session com-

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mencing in September, 1899, can not remove to any of these States.

Also laws regulating reciprocity, so-called, which not only divide physicians into classes, like cattle in a stock yard, are being divided, but also discriminate as regards each and all. Are these laws just? Shall the man who holds a license only, or the one who graduated after a three-years' course in July, 1899, betake himself to a college, the former to spend four years (which time is pre-requisite to graduation), and the latter one year in order to conform to these laws? Who will take care of his family while doing so? Shall his wife and children become a county charge?

Gentlemen, such things are not conducive to our happy welfare. Such things are not consistent with justice, but, on the contrary, they violate every principle thereof. Are we to witness another dark age? Are we paving the way that our children may witness one? Nay, nay! Evolution is a slow process, but mankind is gradually waking up. I hear many voices calling for More Light! More Truth! Greater Freedom! Greater Independence! Greater Liberty! They are the shining lights of heaven and man, and, like the rays of the sun, they are bound to force admission into the minds of Nature's children.

The physician into whose mind the light has already penetrated, hence is clamoring for the possession of the precious jewels, and the one who is striving to acquire their possession, is worthy of the name man; worthy the confidence of his friends, and worthy the respect and honor of any community.

"Certainly it is heaven upon earth to have man's mind move in charity, rest in Providence, and turn upon the poles of Truth."—*Bacon.*

311 Ramge Block.

Ointment for Inflamed Nipples.

The *Hausdoktor* recommends:

℞ Silver Nitrate.....10 grains.
Bismuth Nitrate ..... 1 drachm.
Lanolin ..... 1 ounce.

M. Sig.: To be applied morning and evening after washing the nipples.

[Written for the MEDICAL BRIEF.]

Color Blindness, Its Inconveniences and Manifestations.

BY EDGAR H. NICHOLS, M. D.,
Savannah, Ga.

Nearly a quarter of a century ago the writer came up for examination before the celebrated oculist, Dr. Joy Jeffries, some time before entering the Marine Hospital Service of the United States. The examination was conducted at one of the large assemblages of the American Public Health Association, more than two hundred physicians being present, and, although twenty-five years have elapsed, he recalls with the most singular precision the smallest detail of that tempest of rainbow colors, or worsted zephyrs, used by this noted graduate of Harvard, in this particular test, of the then unique defect, achromatopsia, or color blindness; possibly three hundred variations of color existed in the many skeins of crisp and freshly arranged hanks spread before those of us who were there to be tested, not only for color blindness, but for any eye defect which might debar us from testing others, in our turn, for the same defect, in the course of duty. Professor Holmgren, of all others, isolated this unique feature of sight variance and called his Majesty, the King of Sweden's attention to the risks, by sea or land, that defect might subject travelers to, when existing in the pilot by sea, or in the engineer by rail. Only three years had elapsed since this Swedish professor had officially brought this before the railroad and marine world. Other nations rapidly took the matter up, until it appeared officially in the reports of the Smithsonian Institution at Washington in 1882, where the writer first read them while on special duty with the late surgeon-general, John B. Hamilton. The uniqueness of this defect in its isolation gave a zest to investigation of its genesis. It was at that time that the writer, accompanying the late Dr. George H. Stone, personally examined about four hundred children of the public schools, with a view to obtaining a personal insight into the newly studied anomaly; up to the time above outlined, only three mono-

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graphs on this subject had appeared, notwithstanding the literature of normal and abnormal chromatic power was somewhat extensive. Time prevented our testing these children from an educational standpoint, that is, naming the colors correctly, as their ages and consequent familiarity with correct naming were so at variance as to make it inexpedient. The matching of primitive, or so-called base colors, red, green and violet or pink, was to them just the trick; at least to the normal ones. On presenting a skein of red, with the request to match it from a similar skein, picked out of the basket of hundreds of hanks, he would promptly (with perhaps some trivial variance) match it with one like it; this proved the red of the zone of best vision. The green and the pink were similarly essayed. If he continued to match favorably, he was normal. By way of explanatory digression, the writer would place the reader so that he might understand why a correct matching of the red, green and violet is assumption of the normal. It is a physiological fact, in relation to color perception, and highly important, as hitherto it has been overlooked. Around the point of best vision in the center of the retina is a zone where we perceive all of the three so-called base colors—red, green and violet. Outside of this there is another zone, in which we have a perception of only two, namely, green and violet; and again beyond this, on the retina, only violet is perceived. An abnormality in either would render a corresponding color negative to its mate. In rendering our test with these children as near play as possible, we received frank and truthful solutions of our test. Recess was selected and a friendly rivalry sprang up between the girls and boys as to which could best match the one, the other or all three of the hanks which were presented to them. The color-blind unfortunate was immediately exposed by the peals of laughter which vibrated and re-vibrated adown the great school room. The girls naturally won the victory, as out of the four hundred scholars, not more than five resulted in confusion, while as many as twenty of the boys failed in the test. I recall two bright little fellows, whose father was a seafaring man; both were congenitally color blind; they brought the news of their difference to other boys home to their mother, which seemed to pique her, and she sent word to us that they could tell colors as well as she could. On calling to explain the mystery, we found that she herself was absolutely color blind. The lines of life which the father had laid out for them were, per consequence, directed into other and literary channels.

Color perception may be remote from color blindness, or conversely. The retina yields its best point of vision directly from its center, and, withal, a small extent, as to keep the picture distinct one must carefully turn the eye as it unconsciously travels along the object, if a long word, to catch its letters which, if gradually moved away (the eye retaining its fixed position) its form will soon be lost, and we will fail to recognize it. It has been transferred from a focal center to within the confusion area of "the yellow spot." Form perception goes hand in hand with color appreciation—both diminish rapidly from the center outward in all directions. We may, however, close one eye, fix the other on some bright red object—a checker piece, for example—move the piece slowly from out its central field of vision, its color will lose its brightness, and eventually appear black; its form is for some moments discernible. This is not color blindness, mark you!

A portrait artist will carefully attach a bright scarlet flower to the hanging tresses of some woodland nymph, he turns to give expression to the longing eyes of the companion nymph beside her; suddenly the scarlet flower has lost its color; its image has fallen far away on the retina from the point of best color perception. The other primary colors will yield the same phenomena, but in varying degrees. The retina may become fatigued with the impress of one color, and only perceive its complementary one—a bright green object upon a white ground, gazed upon for some seconds—the eye rapidly transferred to another white surface—the brain will appreciate a red object where the green one apparently existed. A deep red sunset, fixedly viewed, will metamorphose into a

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rising green sun upon a right-about-face, *a la militaire.* This must not be construed color blindness.

As senility approaches, or pathologic conditions ensue, the crystalline lens assumes a harder, or perchance a yellowish hue, even black, maybe; opaqueness excludes a light passage by way of the pupil—cataract! This our skill removes; strong, convex lens are adjusted—the divine organ of sight is repaired to bask again in its ethereal playground, light. Light!

During this yellow pathogenesis all influx of light has been yellow—upon removal of the lens the complementary color—bluish—leaves the impression that all things are blue, bringing ofttimes disappointment. This is still far from true color blindness, and patient waiting brings its reward.

The color-blind condition is mostly hereditary—from grandfather to grandson, even adown eight generations, both eyes alike. The last two decades give an average of five per cent among males and about one per cent among women. The common error is inability to distinguish red from green, while other colors are appreciated. Those confounding light red with dark green are red blind. Those confounding dark red with light green are green blind. Fewer have "blue yellow" or violet blindness. The color-blind is usually unaware of his defect. The technique of the test examination given the writer by Dr. Jeffries, and followed by himself after admission to the Marine Hospital Service for over four years in the testing of pilots upon our river, as well as officers of the merchant marine, was technically correct, and as follows: An unlimited number of colored worsteds of Holmgren, of all hues, and tied in skeins, was collected *en masse*, thrown pell mell upon white cloth. The person examined is asked to pick out tints which shall resemble the colors of certain test skeins, generally four in number, and slightly larger than those in the mass. The first test is a skein of light green, the second test is a skein of light purple or rose, which is the complement of the green. A third test, which is only confirmatory and only suitable for persons whose defect is extreme, is a scarlet or brilliant red. The person places the standard green skein in his left hand. If his perceptions are correct he easily matches it with congruous colors; if defective, he will not be guided by the tint, but by the luminosity of the shades. Blues and yellows he understands and avoids, but among tints of a greenish hue he picks up as grays light browns, yellows, and even skeins of tan and dove color, or, as they are named, "confusion colors." Uncertain colors puzzle him, and when he has reached the limit of his mating he carefully puts them aside.

The second test, the rose or green complement, gives the admixture of red and blue—the red predominating. The first test determines a red-green defect; the second will decide whether the deficiency is greater with red or with green. The red blind chooses light reds, grays and green, but avoids the darks. The green blind gentleman seizes upon the darks, and avoids the light reds and violets. If, with this second test, only purple skeins are selected, a partial color-blind individual for red and green is before us; if he adds to his single selection only blue and violet, or one of them, he is completely red blind. If, with his original purple, he runs to green and gray exclusively, or to one of them, he is completely green blind. The third test applies to those who are totally red and green blind, and is confirmatory of the second.

Means of examination by the *technique* of Dr. William Thompson is popular and convenient; the yarns are attached to sticks, the worsteds are arranged in alternate green and confusion colors. The test skeins remain the same, the matching likewise. Numbers on buttons marked from one to twenty, concealed on the stick, but attached to worsteds. Ten tints are selected by applicant, the numbers noted by the examiners. The odd numbers are green, the even ones are confusion colors. Notes are recorded of the selected numbers. If none but odd numbers are selected his color sense is good; any mingling of numbers betrays defect. The naming of colors is purely a matter of education, and no test of color perception. The matching of primitive colors, as out-

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lined by examiners of credit, *is the* accepted thing. The rarity of total color blindness is only recognized by a confusion of all shades having the same intensity of light. Natural light is imperative in these tests.

No structural change has as yet been determined coincident with this defect. The function of vision is unaltered, and forms centers undisturbed. The defect is incurable, as the cause of the condition has not been determined. For artists and salesmen this variance is merely inconvenient, by reason of their having to do with selecting and matching colors; the picture assumes a most serious aspect with employments requiring accurate and instant red and green perception; *witness:* the universality of signals used upon vessels at sea and upon railways. The defect becomes an absolute disability. The sympathetic temperament of the writer has been taxed *in extremis*, many a time and oft during his term of service. The aforesaid tests are the *sine qua non* in all merchant marines, as well as railroad corporations. It has become as immutable as the laws of the Medes and Persians.

126 Oglethorpe Avenue, E.

[Written for the MEDICAL BRIEF.]

Something About Salads.

BY W. S. BIRGE, M. D.,
Superintendent Ocean View Sanitarium,
Provincetown, Mass.

All through the fields, meadows and pastures, grow plants that to the initiated make the most delicious salads and relishes imaginable. In the spring, before one has time to realize that the winter months are over, the dandelion raises its venturesome head, sometimes pushing up even through the snow itself. The yellow blossoms are about their only charm for most people.

Soon after the dandelion comes the field cress. The plant comes up with long, narrow leaves that rest upon the ground. They are deeply indented, and two rows of them grow closely against the stalk. After a time there is a middle stem eight or ten inches high, which produces a bunch of small yellow blossoms.

It is well worth while for housekeepers to familiarize themselves with field products. Many a wholesome and dainty dish can be prepared if one knows just where to look for the material.

Almost every one is familiar with water-cress, which may be called the prince of salads. It is slightly pungent, crisp and very refreshing, and is a general favorite. There are persons with whom it disagrees, causing the most violent heartburn, and sometimes severe pain in the stomach, but these cases are rare, and are merely the idiosyncrasies of the physical system.

Lettuce is the standby of all salad lovers. It is grown with very little care, is easily prepared, and is eaten with every sort of dressing and mixture known to the epicure; indeed, not a few of these take it without any dressing at all, considering the flavor of the leaf a sufficient relish.

It is said that lettuce formed a portion of the Feast of the Passover. It, therefore, has the credit of long years of the favor of which it so richly deserves. To be at its best, lettuce must be grown quickly and in very rich soil. Poor ground makes it tough and leathery, and without that delicacy which is one of its greatest charms. The high degree of perfection to which this vegetable has been brought is one of the triumphs of the market gardener's art. From a small leaf, perhaps scarcely larger than a silver half dollar, and this grown in small quantities, the plant as at present grown forms heads almost as large as a small cabbage, and with that creamy whiteness inside that makes it attractive to the eyes as well as to the palate. Lettuce is an excellent article of food for nervous and wide-awake people. It is claimed that sleep is more refreshing if a simple salad and a bit of brown bread is taken just before retiring, provided one feels the need of something to eat.

Corn salad is much liked by many people, but is not as generally known as the other salads mentioned. It is refreshing and excellent as a variety. Endive is an ideal spring salad. It is slightly bitter, and contains, according to some authorities, the elements most useful for putting the system in order after the heavier and more concentrated diet of the winter.

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It is a notable fact that many diseases which formerly were quite troublesome in spring time are practically unknown in communities where attention is given to market gardens, or where one is accessible to city shops. There is a variety of endive which some gardeners call escarole. It is distinguished by a broad, flat leaf, instead of the fine, fringed, curly ones of the regular endive. This is admirable for winter and spring use, and ought to be found in every garden in the land. The nasturtium, or Indian cress, is more in favor as an ornamental garden plant than as an article of food. It is pungent and snappy, and for this reason is much better when mixed with milder ingredients than used by itself. It makes a most beautiful salad, the bright flowers and green leaves being mixed together.

A salad for a certain class of educated tastes is made from chrysanthemum flowers. These are somewhat bitter, and are said to form an admirable relish with other dishes. Field sorrel is known to every one, and makes delicious salad as well as soup.

One might go on indefinitely in descriptions of the various leaves and stalks of plants that may be converted into the most toothsome dishes by those who have taken the time and trouble to study their handling.

[Written for the MEDICAL BRIEF.]

A Fast of Fifty-Five Days.

BY J. H. MAPLES, M. D.,
Get Up, Ala.

I have to report a case the parallel of which has yet to be reported. I have practiced medicine for over twenty years, and have attended cases of suspended animation, but the case I now report is almost the very opposite in every symptom.

Mrs. R., aged forty-five, married, and the mother of eight or nine children, first took sick about March, 1903, with an indication of brain pressure attending. At that time she lay as one asleep, and neither spoke nor ate for several days at a time, but in the interim would partake of food, and then relapse into sleep again, but during the apparent sleeping time she would have spasms every hour or so. The longest period before the last that she went without food or nourishment of any kind was twenty-five days. Several physicians who examined her at that time could not find any abnormal condition, and pronounced it an extreme case of hysteria.

In August, 1893, she was brought to me for treatment. On examination at that time I found her spine very tender and sore, so much so that the slightest pressure upon her spine caused convulsions; both sutures of her head were open, and pressure there likewise produced convulsions.

I caused her head to be shaved, and blister applied over the head and down the spine. Bromide, aconite and strychnine were administered, and the head kept irritated with croton oil, and also applied to the spine, and regular baths of cold water three times a day advised.

At this treatment she made a rapid recovery, and was in good health from that time until January, 1904, and during the time performing labor of severe kind.

At the latter date she began complaining of her head, and in five or six days thereafter relapsed into an apparent sleeping condition, and after four or five days had spasms every half hour, sometimes slight and sometimes severe. She was again brought to me for treatment. She was brought twenty-five miles in a wagon over a rough road, and arrived in March last, never having been awakened nor disturbed apparently by her long rough ride.

At this time her jaws seemed to be locked, and lay with her eyes tightly closed, and the convulsions which had before afflicted her returned, and every half hour recurred, which condition continued for fifty-five and one-half days, not eating anything at all, nor taking any medicine. During this long period she neither spoke, ate nor opened her eyes, nor did her bowels act, nor show any symptoms of acting.

On the forty-first day I caused an injection into the bowels to be made, and a fairly healthy action followed, as if there had never been a cessation of the function. During this time her jaws remained locked until the action of her bowels, and then they opened twice or thrice, and locked again. Convulsions continued, and

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after some ten days her bowels commenced to run off, sloughing and passing blood and mucus, attended with a very offensive odor, and continued in this condition three days. Neither medicine applied, nor administered, seemed to have any effect whatever. Immediately thereafter she revived, and ate and talked a few words, and seemed to be mentally bright for a few days; but all the time the odor of a corpse was about her.

Her feet then began to swell, and perforation of the bowels ensued; her mind was badly affected, and continued in this condition for ten days, when death relieved her. Inflammation of the bowels set up, and she died June 3, 1904, having survived without food during the entire period of fifty-five and one-half days, with the exception noted.

This patient had had altogether five spells of this same nature. Had been to the asylum for the insane three times. Between these recurrent spells of somnambulism she seemed to enjoy good health. How this patient could survive the fifty-five and one-half days without either food or medicine, and survive three weeks after mortification set in, and without action of the bowels, is beyond mine or any of the other attending physicians' power to explain. A further report will follow.

[Written for the MEDICAL BRIEF.]

The Technique and Genesis of Thought.

BY SAML. B. CASEY, M. D.,
Brooklyn, N. Y.

In presenting this query to your contributors and readers, I am led to do so in hope of a response from some discoverer, as yet unheard from in the fields of physiology. We may surely propound the question to the expert in this department of science, as it is the activity of tangible tissue, and we may be excused from relegating the subject to the misty fields of psychology.

The problem of the "genesis of life," and possibility of its accomplishment in the laboratory, outside of the fecundating methods of nature has occupied the attention of scientists of late, and seemingly successful results have been widely published. The prenatal determination of the sexes at will, a hitherto mystery, has also been much exploited; now there is nothing occult in thought, it is as constant as life itself, it is more persistently active than respiration, or digestion, for there are tidal conditions in the latter functions, but who has ever stopped thinking (when awake) for even the fraction of a second, and the mental pictures are often persistent through sleep. Now, whence is its genesis, and what is its stimulus?

In respiration, we deal with the unseen, we have learned the composition of the atmosphere, and the technique of respiration is well understood. Through atmospheric pressure, anatomical action and chemical affinity, we can follow respiration through all its changes, from the external air to the circulation, and we know that it is mechanical action, and chemical affinity, from beginning to end. This enables the expert in hygiene to develop this feature of his science, for the preservation of health.

Also the technique of digestion is well understood. We can follow a morsel of food through prehension, mastication, deglutition, digestion and absorption, on to its lodgment in the blood stream for constructive repair, to injured, or worn out tissue. In the renewal of the body there is no mystery.

A step further on in the animal world, we find a force that is best expressed, to my mind, by "stimulus," many of the actions of animals; the moving cause not being understood by us has been ascribed to what has been called "instinct." Now what is natural instinct? Simply a term to cover our ignorance; many things, subtle, powerful, yet unknown to us, acts as a stimulus to the animal, constant, uniform, and reliable in its conduct.

What is it the fugitive leaves in his tracks that is followed direct to its origin, by the blood-hound? It is persistent in its place of deposit, uniform, and lasting enough for the hound to recognize. Is this instinct, or stimulus to the chase? A caged mouse will jump double his height if one should make a noise like an audible kiss; each time the noise is made the animal repeats his upward jump, familiarity by continuance of the noise does not

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stop him; this is not education. Where in his career could he have learned that this is a threatening sound? It is but a uniform constant response to a selected stimulus, so fixed by the Creator.

It is well known that a quick, loud hiss to a dog excites his pugnacity; in a cat, fear, in both a disagreeable agitation. A soft, interrupted hiss excites a friendly action; this is not from training, but again a natural response to a selected stimulus, and thus throughout the animal world this constantly obtains, affinity in the chemical, and stimulus in the animal.

It is generally accepted by scientists that the brain is composed of an infinite number of cells; I speak here particularly of the cerebrum and the frontal convolutions, the "domain of thought," and that each thought leaves an impress upon the cell in action, leaving it a modified cell, either in shape or chemical character forever afterwards, so that memory is but a review, by the conscious ego, of these cells so modified, similar to a man taking a volume from the library to review a forgotten passage, and thus our former thoughts may be renewed at will, but whence the genesis of these former thoughts, with those that are to follow, and whence the stimuli?

Must we submit to the conclusion that our thoughts are suggested by our environments, experience, needs, education, or intercourse? Who could estimate the value to the alienist, of an indisputable knowledge of their genesis? What an immense benefit in human affairs could the adviser but excite their proper activities, control their direction, and measure their energies.

Surely there are inviting fields for our studious efforts, in which there are more momentous results than simply speedy commercial profits, with which even the scientific world, to-day, seems intoxicated.

To close this paper, I will but repeat its caption, who can explain the "Technique of the Genesis of Thought?"

196 McDonough Street.

Enclosed find order for one dollar, my subscription to the BRIEF. I have been well pleased with the MEDICAL BRIEF. If I had not I should not have taken it.—J. M. SAUNDERS, M. D., Winder, Ga.

[Written for the MEDICAL BRIEF.]

An Experience with Antitoxin and Carbolic Acid in Diphtheria.

BY A. SANDNER, M. D., M. R. C. S., L. R. C. P.,
Bendigo, Australia.

In the May BRIEF I notice an inquiry from Dr. P. Sayres, Paola, Kan., with regard to the use and therapeutic value of carbolic acid in diphtheria. Having been a former contributor to the BRIEF, and a supporter of its opinion that "antitoxin" is not the active substance in the diphtheria serum, I can not help but relate a recent experience of mine from which the BRIEF fraternity can draw their own conclusion:

On May 29th, I was called to a little girl, age six years, residing about five miles from my own residence, and when arriving found that the voice had entirely gone, and there was a large diphtheritic membrane covering both tonsils, and the right posterior pillar of the pharynx.

On inquiry I was informed that the child had grown hoarse two days before. I at once cleaned the throat with a spray of hot salt water, to which I added a few drops of Sander's eucalyptol, and proposed to the father to have the child treated without the injection of serum. He, having read a good deal of the cures effected with the serum, desired to have the child injected. I procured the serum (Burroughs, Wellcome & Co.'s), and injected at six P. M. three thousand units. At nine A. M., the following morning, I injected another three thousand five hundred units, and made preparations for a tracheotomy, the little patient having grown considerably worse. When taking her from the little cot, with the intent of placing her on the table to operate, she expired.

Knowing that during the time she was ill previous to my first visit she must have disseminated a good many bacilli throughout the house, I had the clothing of the other child changed, and took her to my own home. The next day (May 31st) my own child, a girl six years old, complained of a sore throat, and on inspection the commencement of the diphtheritic deposit was seen in the form of a small white spot

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on the right tonsil. I instituted the following treatment at once:

Inhalation of steam, to which ten drops of Sander's eucalyptol was added, placing the patient in a tent to retain the vapor more effectively. The eucalyptol was renewed whenever its smell got deficient.

Internally:

℞ Tr. Ferri Perchloridi.....1 drachm.
Acid. Phosphor. Dil.....2 drachms.
Syr. Aurantii.....1 ounce.
Vin. Quininæ.....ad.....3 ounces.
M. Sig.: One teaspoonful every hour.

The throat was painted with the following every hour for the first twelve hours, and every two hours for the next twelve hours; every three hours after that:

℞ Acid. Carbolic (90 per cent).....14 minims.
Glycerin Ac. Tannici..... 1 ounce.
M. Paint for throat.

Each painting was followed by a spray consisting of:

℞ Acid Sulphurosi.....1 ounce.
Glycerini.....1 ounce.
M. Spray for throat.

Besides this, the throat was wrapped with flannels dipped into warm solution of Sander's eucalyptol in sweet oil (one in ten). Pieces of pineapple were given, to be sucked whenever wanted.

The membrane was loosened immediately, and ceased to renew itself after forty-eight hours' treatment. The temperature, which was never higher than 102° F., dropped to normal on the third day, and the child was kept in bed for another four days, to prevent other persons from being infected.

On June 3d, the father of the deceased child, aged forty, came to my office complaining of fatigue and severe nose-bleeding. On examination of the throat it was found that the edge of the right palate was severely congested, and there was a membrane as large as a five-cent piece on the left tonsil. I told him that I would only treat him under the condition that he is not injected with the serum. He consented.

The same treatment as in my own child was instituted, with the exception that the internal treatment was:

℞ Tr. Ferri Perchloridi.....4 drachms.
Acid. Phosphor. Dil.....6 drachms.
Syr. Aurantii.....1 ounce.
Vin. Quininæ.....ad.....4 ounces.
M. Sig.: One teaspoonful in water every hour.

The inhalations in this case were more conveniently given by moistening the end of a towel with hot water, and sprinkling Sander's eucalyptol over it, and placing it over the face.

He made the same uneventful recovery as my own child, but the membranes which also became loosened at once, kept on renewing for six days. From the rapidity with which the membrane loosened in both cases, I believe that the carbolic acid had a peculiar effect of its own on it. Another peculiarity was that in the adult case the temperature never rose above 99° F.

Curious to know whether brother practitioners had ever witnessed a severe and genuine case of diphtheria without rise of temperature, I spoke to several of them about it, and the result was that I was led on to a track which might be well worth investigating. Dr. Atkinson, an old and experienced practitioner, said to me: "It is generally conceded that the bacillus can not live in an acid medium, is it not? For this reason I always prescribe ten drops of the liq. ferri perchloridi, in water every hour. I believe the free acid in the liquid is doing all the good." May it not be that the addition of the phosphoric acid in the prescription has increased its efficiency and prevented the rise of temperature in the adult case? Is it that by increasing the acidity of the blood, the bacilli have no chance to multiply therein, and thus no constitutional infection occurs? Or does the astringency of the tannic acid in the throat paint prevent the absorption of infectious material?

I should like very much that the BRIEF fraternity would investigate this matter, and report their experiences.

It might be urged that the first case, not having been seen until the larynx was affected, would have succumbed under the other treatment, too.

This might have been. I am only relating the facts as they occurred.

Good luck and continued success to the BRIEF.

Enclosed find one dollar for renewal of subscription to the MEDICAL BRIEF. Yes, there are not only "some good things in the BRIEF," but many.—F. R. GRANT, M. D., Larkin, Ala.

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[Written for the MEDICAL BRIEF.]

The Egg as an Important Food.

BY H. SCHAFER, M. D.,
San Diego, Cal.

As an article of food, the egg is to the housewife what verbs are to speech. It is a nutritious food that passes through the digestive tracts without fatiguing them, and that becomes assimilated in an organism without leaving any residue therein. The egg is a necessary adjunct of the majority of sauces, of all the stews, and of a large number of side dishes.

It contains, within itself, all the elements of our meals and constitutes a true bill of fare in miniature, in which bread and cakes are represented by the glucose and extractive matters, in which the albumen takes the place of a roast, in which butter abounds in the form of fatty matter, in the chlorides of lime, magnesia and iron, are not wanting, and in which occur in small quantities the phosphates that concur in the development of the bones.

It is, like milk, the material that enters into the composition of the blood.

The newly-laid egg is entirely filled with yolk and white enveloped by a fragile shell. It is at this moment that it possesses its highest alimentary qualities.

These it would be capable of preserving indefinitely if the tightness of the shell equaled that of a metallic box. But, unfortunately, such is not the case. The calcareous shell is provided with pores, through which is soon established a cross circulation of water and microbes. The water leaves the albumen and passes to the exterior in the form of vapor, while legions of bacteria enter and fill the air chamber formed by evaporation. This latter causes the egg daily to lose, on an average, half a grain of its weight.

We can assure ourselves of this by immersing it in a quart of water containing four ounces of salt. On the first day it will descend to the bottom, on the second it will not sink to so great a depth, on the third it will remain near the surface; it will finally project above the surface so much the more in proportion as it is older.

Such a behavior of the egg in salt water may, up to a certain point, be used as a means of control. The loss of weight would not be of so much importance if it did not keep pace with the entrance of microbes.

We all know that the egg consists, first, of an exterior covering called the shell; second, a white, semi-opaque membrane; third, the white, and fourth, the yolk.

The shell consists of carbonate of lime, animal matter, phosphate of lime, carbonate of magnesia, iron and sulphur.

The semi-opaque membrane consists of albuminous matter.

The white—albumen ovi—contains eighty-five parts of water, twelve of pure albumen, two of mucus, three-tenths of saline matter, including soda, potassa, sulphur, etc. The yolk contains about fifty-two parts of water, fifteen parts of an albuminoid principle denominated vitellin, twenty-one parts margerin and olein, eleven parts of cholesterine, chloride of ammonia, soda, potassa, phosphate of lime and magnesia.

The white, or albumen, exists as a liquid in the lymph, chyle, milk, in the blood, in the humous of the eye and brain.

As a solid it is a constituent of the skin, brain, nerves, glands, hair, nails, feathers, wool and silk. It is found in a soluble form in the sap, or juice of most vegetables, as of the potato, carrot, turnip, cabbage, asparagus, etc.

It is a constituent of the seeds, of the cereal grasses, and of the almonds, filberts and most of the oily nuts, etc.

It is not generally known that all parts of the egg contains a certain quantity of arsenic, the yolk containing the greater part.

Bay View Hotel.

[Written for the MEDICAL BRIEF.]

Alcohol as Medicine.

BY F. S. DUNLAP, M. D.,
Delaware City, Del.

During the first fifteen years of my practice of medicine, lasting nearly forty-five years, I have prescribed alcohol as a stimulant quite frequently. Failing to see the benefits claimed for it, I observed more closely its effect on the human system. My conclusions are that alcohol in moderate quantities is, primarily, a stimulant, followed by depression, and the

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longer continued the greater the depression on the nervous system.

Concluding that the administration did much harm and but little good, and having at hand stimulants that had no objectionable features led me to abandon the use of alcohol in practice almost entirely.

A number of years ago I was called in consultation to see a young physician, ill with typhoid fever. He was attended by two bright young physicians, each having a good country practice. In about ten days after I received a telegram requesting my presence at another consultation. Happily, I was able to answer the summons promptly, took the cars for a distance of forty miles and arrived in good time.

The first question I asked was: "What have you been giving your patient?" The reply was: "Whisky, and plenty of it." They had been reading in the medical journals the benefit of whisky as a medicine. I found the patient simply stupid, and in a minute drew the inference that his condition was more from the effect of the medicine than from the disease. At my request the whisky was withheld, and I had the satisfaction next morning of seeing the patient bright and clear-minded.

In about ten days after my return home I received another message recalling me, and with request that I bring a prominent physician of Philadelphia with me, to whom I immediately telegraphed, met him that night on the train and proceeded to the bedside of the patient.

Upon inquiry I found that two days previously he had a slight increase of temperature, the doctors in charge had resumed the administration of whisky, in my mind producing the same condition I found on my second visit.

The city physician concurring in my opinion, we withdrew the whisky, and was happy to find an improvement the following morning. Having other business in the neighborhood I remained over the entire day and had the satisfaction of seeing a change for the better, and ultimately, recovery. About ten years after the poor fellow died with acute alcoholism.

While on the subject I will ask my friends if you ever use fluid extract of jaborandi in delirium tremens? Frequently a drachm of good fluid extract of jaborandi will clear up the hallucinations in a few hours, at least it has in my practice.

I believe whisky should never be prescribed where a substitute could be found.

I do not believe that the evils of intemperance can be cured by legislation alone. I, however, believe there could be a law enacted, viz., closing saloons at nine o'clock at night and not opening before seven o'clock in the morning, which, if properly enforced, would do a great deal of good.

The writer is not a prohibitionist, local optionist or advocate of high license, does not belong to any temperance organization, but thinks a physician should think well before prescribing whisky.

[Written for the MEDICAL BRIEF.]

The Night Call to Bennington's.

BY E. W. BOGARDUS, M. D.,
Cortland, N. Y.

When the evening comes on and the gold tints the west,
And worn with our labors the weary hours run,
We turn to our home and with visions of rest
We smile as we think that our day's work is done.

The teakettle sings as we open the door,
And up from the kitchen the rich odors come,
Most grateful are we that the day's work is o'er,
And we find rest at last in the quiet of home.

The bright table linen so spotless and white,
The warm, cozy room where the table is set,
The pieces of silver all burnished and bright,
Bid us all our troubles and cares to forget.

When the clock chimes the hours and the evening is past,
And the fire in the grate reluctantly glows,
When the windows and doors with their bolts are made fast,
We lay down our cares for a night of repose.

The angel of rest keeps watch as we sleep,
While the hours of the night are hurrying past,
When up through the darkness with resonance deep
Come the sounds of the bell with vigorous blast.

We jump from our couch as with dynamite force,
No night e'er so cold since old Time began;
"Oh, doctor! the baby! the baby is worse!
We want you to come as soon as you can.

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"The night isn't cold and the roads are not bad,
'Tis only five miles, as you know very well,
If you'll come right away we'll be ever so glad,
And *how grateful* we'll be no mortal can tell.

"You can keep to the road till you get past the tanks,
Then you turn in the fields for a half mile or so,
In this way you can easily steer clear of the banks,
And have no more fear of being lost in the snow.

"There's a bad place, you'll find just south of the wood,
And another down east of the Donnegal farm,
But not counting these places the roads are quite good,
And the wind doesn't blow and the night is quite warm."

"Can't I send something down that will do for tonight?
I am sick, sir, myself with a splitting headache;
And then I will come as soon as it's light,
I will be there, I'm sure, before you're awake."

"Oh, doctor, I'll pay you twice over the fee,
I don't question the cost when the baby is sick,
And you know you can't treat a case you don't see,
Whatever your charges be sure I'll not kick."

So out in the night I reluctantly go,
Though the dictates of reason would bid me to stay,
And on through the drifts and the mountains of snow
Old Dobbin pursues the wearisome way.

The baby so sick was playing with blocks
As weary and chilled I arrive at the place;
The door opened wide in response to our knocks,
And the good wife appeared with a smile on her face.

"I knew you would come, 'twas so good of you, too;
When Jimmie gets sick we don't wait a minute,
When the others refused—we just sent for you,
For when baby gets cross there's great danger in it.

"He'll get well, won't he, doctor? Oh, doctor, say yes;
Do your best for the boy, don't let money prevent,
For you know very well he is all we possess,
And we'll stand up for him to the very last cent.

"I wish you'd come over tomorrow again,
When the doctor comes in he lifts such a load;
In the morning we'll call out a number of men
And make it so you can come by the road."

The hours quickly passed and I made my next visit;
Little Jimmie was playing, apparently well,
And the mother with face wreathed in smiles most exquisite,
Said, "Our gratitude only the Father can tell.

"My husband, dear doctor, is away for today;
He bade me arrange so that all would be right,
So make out your bill before going away,
And he'll bring it or send it next Saturday night."

Three months passed away and the spring time came on,
The grasses were green on valley and hill,
The mountains of snow had melted and gone,
And all had gone right but the Bennington bill.

So I sent out a statement, not forgetting to add
That *I* had recovered and was feeling quite well;
And if they'd send me the money I'd be ever so glad,
And my measure of gratitude no mortal could tell.

I received the next day a brief postal card,
"Why, Jimmie, you know, was not sick, sir, at all,
The next day or two he was out in the yard,
And you know very well there was no need of your call.

"The neighbors all say that your bill is a graft,
And if they were us not a penny they'd pay;
And old Doctor Blower just leaned back and laughed
When we showed him the letter you sent us today.

"He said that *some* doctors are after the money,
Their God is the dollar that drops in their till;
And he said, as he smiled, 'Tis remarkably funny
That the smaller the knowledge the larger the bill.'"

Since then I've grown older and wiser as well,
The Bennington bill hangs framed on the wall,
And now when they come I've no story to tell,
I just turn and point to the picture, that's all.

It tells them the story far better than words
Of treachery clothed in the raiment of right.
What a fool is the doctor, by sympathy stirred,
Who leaves his warm cot to go out in the night.

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The years roll along, the doctor grows old;
The infants he nurtured are women and men.
Yet the ring of the bell calls him out in the cold,
And he wearily rises and follows again.

When the sunset of life marks the last closing day,
And the doctor is through with his powders and pills,
Somebody, no doubt, will rise up and pay
Somewhere and *somehow* the Bennington bill.

[Written for the MEDICAL BRIEF.]

Was It Accident, Faith or Intuition?

BY F. A. WILMANS, M. D.,
Dallas, Texas.

Article by J. M. Callender, M. D., in July number of MEDICAL BRIEF, page 612, "Its Treatment by Antiseptic Medication," reminds me of an incident in which his first ingredient, "liq. ferri subsulphatis," figured conspicuously.

While surgeon of the Post, U. S. Army, at Brenham, Tex., in 1868, was urged to see case of citizen by brother of invalid, mail carrier, who had been abandoned by several local physicians.

It seems he had bruised his shin, and in rounding up his horse, which was running on the common, got his legs wet with dew from weeds and grass, which poisoned his abraded shin, producing dry gangrene, or something similar—it was black and sloughed off about six by two inches, emitting the foulest odor I ever experienced; had to be placed in an outhouse, as the family could not endure his presence.

On entering his den, had to hold my nose while examining him, making a very brief stay, retreating with expedition. Sent him a solution of carbolic acid to bathe the parts in, and left.

In two or three days after this, his brother came with a conveyance, and said the patient was in extreme agony, praying for me to come and see him once more, that he was in a terrible shape, etc., and the sore spreading.

Under such circumstances decided to go, but had no idea what to do to afford relief, so I went into the hospital drug room, and on looking around, spied a bottle of liquid per-sulphate of iron, as it was then denominated, which I put into my pocket, with a small brush, and started. When there, I poured part of it into a teacup, put brush in, and, holding my nose, went into his room, telling him to mop the parts thoroughly in and around the sore twice daily, and withdrew, thankful to get out into fresh air.

On the eighth day afterwards, while walking down town, was hailed across the street, and to my surprise found it was my sore-legged patient. He took me into a convenient drug store, and, pulling up his trousers, showed his leg, which was entirely healed, with exception of a small surface spot, about the size of a pea.

Said a black scale peeled off the bone, and healing set in at once, and such was the result that he was able to resume business.

Never heard of the iron application before, only using it as a styptic.

Should like to know if you or any of your readers ever had any similar experience with it? Now, was it intuition on my part in selecting the iron, faith on part of the invalid, that performed the cure, or "just happened?" The iron evidently did the work, at all events.

337 Elm Street.

Chocolate as a Food for Children.

Reinach (*Münch. Med. Woch.*) has made a series of experiments upon two children, one of six and one of nine months, with Von Mering's preparation of chocolate, which is supposed to act as a substitute for fat in the nourishment of children. He found that the fat was well absorbed, and a very small proportion of it reappeared in the feces, and that the children increased very rapidly in weight. The indications for the use of chocolate are those that seem to interfere with the use of the fat constituents of milk, and in cases where the nutrition demands an excess of carbo-hydrates and fatty substances. Then it is useful in cases of acid dyspepsia, in cases of fat dyspepsia, in cases of chronic enteritis, in cases in which the bodily weight does not increase with normal rapidity upon the ordinary diet, and in rachitic and scrofulous children. He reports a number of cases showing how rapidly the weight increased.

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Inquiry Department.

Irritable Bladder.

QUESTION:—Patient is a young married woman with two children, the last now about three months old.

About the time she became pregnant with second child she began to have sharp, burning pain when she urinated with frequent desire to micturate. This has grown steadily worse, and is sometimes uncontrollable. Passes a few drops at the time, and has bearing-down sensations.

The woman is otherwise in good health; in fact, has always enjoyed good health. Had no ailment during gestation, and no fever at or after confinement. Baby fat and healthy. Woman is only twenty-one years old.

Along about the fifth or sixth month of gestation there seemed to be considerable irritation in the vagina which was allayed by the use of a weak carbolized solution.

Please give me your best remedy and diagnosis for this case.

Gwynne, Ark. J. A. GUISE, M. D.

ANSWER:—Give her ten grains of citrate of potash, four times daily.

℞ Ext. Hyoscyami Fl.....1 ounce.
Neurilla .....3 ounces.
Sanmetto....q. s. ad.....8 ounces.
M. Sig.: One to two teaspoonfuls three times daily.

Employ a saline laxative twice a week.

She should have an abundance of pure soft drinking water. Should avoid overeating, and all such articles as are likely to disagree and cause acidity.

Cold sitz baths are often beneficial in these cases. Vaginal suppositories, containing boro-glyceride, or washing the bladder with a solution of witch hazel and boracic acid are sometimes useful. Have patient sleep with the hips elevated on a pillow.—ED.

Malnutrition.

QUESTION:—Man, aged twenty-two, height five feet five inches, weight one hundred and thirty-seven pounds, farmer by occupation, and pretty hard worker, suffers from indigestion, catarrh in the head, and a sense of tightness and soreness across the chest. Tongue has a whitish-yellow coat, and bowels are costive. Easy to take cold, which always settles on the lungs and throat. Expectorates minute particles of cheesy matter at intervals of a few weeks.

Complains of a peculiar pain under the left arm, especially noticeable in the morning when he wakes. Passes away later, and is sometimes absent for days.

Skin soft, troubled with pimples.

Uses neither tea nor coffee. Does not drink.

Dull pain over eyes. Watery discharge falling into back of throat. Despondent and gloomy.

Please give diagnosis and treatment.

Ohio. O. F. R., M. D.

ANSWER:—Chronic malnutrition. The expectorated matter probably comes from the crypts of tonsils and the pharynx.

Clear out the bowels thoroughly with calomel in broken doses and saline purgatives. Repeat the saline at intervals.

Then put him on the following:

℞ Tinct. Nuc. Vom.....4 drachms.
Ext. Hydrastis Can. Fl.....1 ounce.
Aromat. Cascara.....1 ounce.
Seng....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily after meals.

Regulate the diet. Tell him never to eat when tired or in a hurry. Let him wash up and then sit down, or lie down, and rest for fifteen minutes before eating. Should eat slowly and chew his food well. Should not think about work at meal times, nor discuss any unpleasant subject.

The tonsils may need reducing with chromic acid, or you can try a solution of thirty grains ammonium iodide in an ounce of glycerine, applied with a swab. This solution should be put up in a dark bottle, and kept from exposure to the air.

He should take a cold sponge bath every morning, followed by a vigorous rub-down with Turkish towel.

Apply strips of Benson's capscine plaster down the spine, beginning at the nape of neck.

Patient must try to be cheerful, must save his strength as much as possible, and get all the recreation and diversion he can.—ED.

Sexual Weakness.

QUESTION:—College student, aged eighteen, has practiced self-abuse for the past three years, resulting in a generally weakened condition. For two years has tried unavailingly to break off the habit. To this end has taken up physical culture methods, and medical treatment from a Chicago institution.

He tells me that his mind is becoming affected. Sometimes he is plunged into the deepest melancholia, during which he contemplates suicide. He lacks confidence in himself, has no ambition, is bashful in the presence of women: in short, has all the symptoms of nervous prostration.

He has a bad varicocele on the left side. Urine high colored, of a peculiar sweet odor,

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and at times cloudy. Appetite and digestion good; no headache or backache, heart action good, lungs sound, bowels normal. Lives hygienically in every respect, but as semen accumulates loses control of himself. Neither smokes nor drinks, nor does he associate with objectionable characters. Has never had any specific disease.

Patient despairs of curing himself, and I have told him I would write to you for advice. What treatment would you suggest for this case?

Ill. M. A., M. D.

ANSWER:—We suggest that you give this case a teaspoonful of neurilla three or four times a day, and a half teaspoonful of Fellows' syr. hypophosphis comp. after each meal.

Perhaps it will be best to apply a small blister to the glans, and keep it sore until patient shall have acquired a measure of self-restraint. Cold sitz baths morning and evening will also be of use.

Diet should be non-stimulating. Should sleep on a hard bed, lightly covered, and lie on the side. Should avoid being alone, and not retire until mentally and physically worn out.—ED.

What is the Matter?

QUESTION:—Patient six months old. Apparently well and healthy until three months ago, began to cry. Cries often, every three or four hours, day and night, a distressed wail. Two weeks ago enlargements appeared on palmar side of right index finger and on left large toe. The enlargements are between the first and second joints, not sore or tender, have all the appearance of abnormal growths, enlarged places are studded with enlarged capillaries and red veins. The small veins look very red, and the capillaries are enlarged all over the surface of the child's body, especially over the face, hands and feet.

Patient takes rather an unusual amount of nourishment. Nurses mother. Bowels regular; urine passes freely.

No rheumatism, gout or cancer in family. Two grandparents are supposed to have died with pulmonary consumption.

Can the Editor, or some of the readers of the BRIEF tell what is the matter with the patient, and prescribe some course of treatment?

The BRIEF is the best medical journal in the world.

Thomasville, Ga. J. H. JENKINS, M. D.

ANSWER:—We are inclined to regard this as a rheumatic or scorbutic, possibly tubercular, manifestation. Ascertain the reaction of the urine. Nutrition is plainly disordered in some way, and we suggest that you give Allen & Handbury's No. 2 infant food a trial. Sometimes the composition of the mother's milk does not keep up with the demands of the growing child.

Give the baby plenty of water. A strong lemonade, which has been boiled, then cooled, is very satisfactory in cases of scurvy. The boiling seems to do away with certain irritating properties sometimes exercised by lemon juice.

A few grains of phosphate of soda, added to the food, may improve assimilation.

The following is a very nice remedy for infantile dyspepsia:

℞ Ammon. or Sodii Benzoat....10 grains.
Listerine ..... 1 ounce.
Essence Pepsine (Fairchild).. 2 ounces.
M Sig.: Twenty to thirty drops after each feeding.

Wash out baby's mouth with solution of listerine, borax and glycerine after each meal.—ED.

Carbolic Acid in Tetanus.

QUESTION:—Some time ago I noticed in the BRIEF that you advanced the idea that the curative agent in antitoxin was carbolic acid. I suggested the idea to a veterinary surgeon the other day, and he said he thought that anti-tetanic serum contained considerable carbolic acid.

You also state that one-eighth of one per cent solution of carbolic acid is as curative in diphtheria as antitoxin. If so, will it do the work in tetanus, and what percentage and amount would be used in veterinary work? We want to give the carbolic acid a trial if it will work in tetanus. Please let me hear from you.

Greenville, Ill. J. C. W., M. D.

ANSWER:—The treatment of tetanus with carbolic acid is by no means new. It has been used in Rome for this purpose, and also, a few years ago, in something like an epidemic of the disease in and around New York city, with considerable success.

A stronger solution is required, of course, than the one-eighth of one per cent usually employed in lieu of diphtheria serum. The individual doctor must use his discretion on this point.

Trikresol is now the agent generally employed, because its antiseptic powers are much greater than those of carbolic acid, while its toxic properties are less. It also belongs to the phenyl group.

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In regard to the strength of solution to employ in veterinary work, we can only advance the general rule, which is to multiply the dose for man by eight, bearing in mind, also, that the system of both man and beast will bear large doses in diseases such as tetanus.

A little experience will enable you to deduce a satisfactory working rule.—ED.

Help Wanted.

QUESTION:—I want help in my case. Have not been able to do anything since the first of June. In May had a general breakdown, both mental and physical. Lay for four weeks with what four physicians called "nervous prostration."

Since I have been up, I suffer all the time with nervousness, tinnitus aurium, dizziness, and even feel that my head is four times larger than it really is.

After eating have vertigo; headache (frontal) nearly all the time. Head symptoms all cease when I lie down. Have at times severe pulsation in the region of the stomach. Pulse irregular sometimes; weak at all times.

Never have had any trouble with breathing. Back of neck and shoulders sometimes ache. Sometimes stomach burns.

I have a perfect dread that something is going to happen, and to save my life I can not tell what.

I have been a slave to tobacco chewing for thirty years, but since this came on me have used very little.

Am forty-six years old, weigh one hundred and ten pounds, and look older than most men do at sixty.

After sitting for some time, when I get up and walk off, I feel as if drunk, and sometimes stagger.

Appetite is good; bowels inclined to constipation; sleep fairly well; no sick stomach; tongue clean; no bad taste now.

Please prescribe for me, and say what is the matter.

Gibson, Ga. R. T. LASETER, M. D.

ANSWER:—We believe that you are suffering from a disease or weakness of the nerve centers governing the vasomotor nerves. The tone of the heart and blood-vessels is impaired; they are relaxed and feeble, the blood surging here and there on impulse. In other words the circulation is in a state of anarchy, and tobacco poisoning is the probable cause.

We suggest that you take two cactina pillets with eight to fifteen drops of nitro-hydrochloric acid dilute three times daily after meals. This acid must be freshly prepared, and of a bright red color, to do any good. Also take equal parts of neurilla and compound tincture of cinchona, one to two teaspoonfuls, four times daily, the last dose at bed-time.

Regulate the bowels with salines. Eat plain, nourishing food. Lie in a hammock in the front porch as much as you can, and stop chewing at once. If you must use the weed, smoke and limit yourself to three cigars a day. Better still if you can get along without the use of tobacco in any form.—ED.

Tinnitus Aurium.

QUESTION:—Please advise me in the case of a woman, forty-three years old, who has always been troubled with swelling of the glands around the ears, and for the past year has had such a roaring or buzzing noise in the right ear that she can not sleep, and has become very nervous. There is no deafness or pain.

There is no wax in the ear, but scales or little pieces of skin, when the patient picks the ear.

She seems to be well in every other way except that the heart is weak, and she has indigestion. Color is very bad.

If there is anything she can put in the ear to help her, please let me know.

W. W. TAYLOR, M. D.

Glen Eyre, Pa.

ANSWER:—The chronic swelling of the glands denotes some congestion and obstruction of circulation in that locality, an increase of which is probably responsible for the roaring and buzzing. You say the heart is weak, and undoubtedly the liver is out of order.

℞ Ammon. Iodidi.....3 drachms.
Chionia .....8 ounces.

M. Sig.: Teaspoonful three times daily, half an hour after meals.

You will find neurilla of value to relieve the nervousness and promote sleep—a teaspoonful two or three times a day and at bed-time.

Twice a week flush bowels with salines. Regulate diet. Prescribe moderate daily exercise in the fresh air.

Apply small blisters below the ears. Gentle massage with vaseline over the enlarged glands and adjacent structures is a valuable measure. If sensitive, paint with iodine and glycerine.

In regard to the exfoliation going on in the ears, you will find resinol a nice application to control itching, burning, etc.—ED.

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Artificial Testicle.

QUESTION:—I desire to place before you the following case, and would be glad to have your advice regarding same.

A patient, male, aged thirty years, contracted mumps when about fifteen years of age. Left testicle was badly affected, resulting in atrophy of that organ. Right side entirely normal as to size, etc.

The sexual impulse in him is strong; in fact, is unusually so, and he contemplates marriage, but is deterred by reason of his physical defect, which he is ashamed of.

Being interested in the cosmetic results in tissue building by injections of paraffin, I write to ask your opinion as to the practicability of utilizing this method to disguise the loss of the organ.

Would this method be a safe procedure in a case of this kind, and is there a probability of any remote disturbances consequent upon such an operation?

The BRIEF is a *necessity*.

S. C. J. A., M. D.

ANSWER:—Paraffin has been used successfully in a number of similar cases. So far as our knowledge goes there is little danger attending such an operation. Celluloid testicles are also used to restore the symmetry of the parts.

Let us hear from some of our surgeons whose knowledge is based on an extensive and more immediate experience.—ED.

Exophthalmic Goitre.

QUESTION:—The symptoms have all been well-marked. Dropsical collections in abdomen, lower limbs, chest and arms, until about ten days ago, when the legs began discharging below the knee, very freely. Now they are a solid mass of sores (eczema?).

The heart, of course, is not good. There is probably valvular lesion, perhaps enlargement.

The discharge has relieved all the symptoms so that the greatest trouble now is the condition of the limbs.

Urine practically suppressed for two months, but kidneys doing a little better at this time. Bowels doing fairly well. No fever. Appetite moderate. Patient is in a very feeble condition.

Doctor, if you can help me in this case, I shall be very grateful to you. I can not get any local help. How shall I treat the limbs? What internal medicine can you recommend? Any help will be thankfully received.

Patoka, Ind. W. T. DAVIS, M. D.

ANSWER:—Doctor, what do you think of three to five drops of Lloyd's apocynum cannabinum to a drachm of lithiated hydrangea, repeated three times daily? Also two cactina pillets three times daily? Dress the limbs with antiseptic gauze dipped into listerine, to which a little glycerine and water has been added.

They will not heal right away, do what you may. Recovery is bound to be slow. Nor is it for the best interests of the patient that they should heal until the kidneys and bowels are doing their work satisfactorily.

Try to recruit her strength by every means in your power. Encourage her, divert her, try to create appetite, and cater to it intelligently. Avoid indigestion as much as possible. Use salines, and occasionally broken doses of calomel, to sterilize and flush out the alimentary canal.

After the eliminating organs are working to suit and the circulation is on a satisfactory basis, a tonic of iron, quinine and strychnine will be indicated.—ED.

Treatment Wanted.

QUESTION:—Miss R., aged twenty, came to me for treatment about twelve months ago. She complained of severe pain coming on about a week before the menstrual flow, which appeared regularly each twenty-eight days, but was scanty. Also complained of a heaviness in the hypogastrium, very nervous at times, poor appetite, bowels normal and weight one hundred and twenty-eight pounds.

I prescribed Follows' hypophosphites for a general tonic and bitters one hour before meals; neurilla, a teaspoonful three or four times a day to control the nerves. I also gave elixir viburnum comp. to control pain.

Three months after beginning treatment, patient had gained twelve pounds, and was well.

Miss R. returned for treatment June 28th. Had taken cold in January, flow stopped for three months. Is now regular, but flow scanty, often not more than an ounce. Appetite not good, losing some flesh, weighs only one hundred and eighteen. Complains of bearing-down sensations all over abdomen. Some difficulty in breathing, and a short, hacking cough.

Your treatment is greatly desired, if I have made the case plain. Am only a second year student.

Tenn. S. W. H., M. S.

ANSWER:—The symptoms seem to be due to anemia and want of circulation, associated with spinal irritability.

℞ Chionia .....2 ounces.
Aletris Cordial .....6 ounces.

M. Sig.: Teaspoonful half an hour before meals, with Hagee's cordial of cod-liver oil comp., teaspoonful three times daily after meals.

Find out what she can eat and digest among flesh-forming and nerve-strengthening foods. Fruit juices, milk, if di-

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gested, raw eggs well-beaten, with a dash of Duffy's malt whisky, bovinine, etc., are good blood-makers. Do not forget what appetizers, fresh air, gentle motion, and pleasurable emotions are.

Antiphlogistine thickly spread on cloth, and applied over the hypogastrium, is beneficial. Gentle massage with oil is helpful. Sleeping with a small pillow under the hips and the head low is useful in some cases.—ED.

Splenic Hypertrophy.

QUESTION:—I have been reading the BRIEF for several years, and find it the best help for the busy doctor.

I am looking for some help. Have a case of enlarged spleen, that has baffled several doctors, in a man forty-five or fifty years old. It is very large. I have not treated him yet, but he wants me to put him on treatment.

Several years ago I noticed a treatment with ergot, in some form, injected into the spleen with hypodermic syringe, using an ointment at the same time, but have forgotten the particulars.

Please give me the best treatment and oblige.

Ivanhoe, Texas. J. H. CURINGTON, M. D.

ANSWER:—We suggest that you try ergotin, pulverized hydrastis, of each two grains, strychnine sulphate, one-sixtieth grain, and oleoresin of capsicum, one-fourth grain, in capsule, repeated three times daily, and paint over the spleen with tincture of iodine.

Iodia is another good remedy. Add two grains of the bichloride of mercury to one bottle of iodia, and give teaspoonful three times daily after meals. Patient should drink water freely while taking this medicine.

We have had no experience with the hypodermic treatment of hypertrophied spleen. We hope those who have will come to the Doctor's assistance.—ED.

Vomiting of Bile.

QUESTION:—This is my first attempt to write for publication, and as I am a mere boy in the profession, allow me to ask a few questions.

First, can a patient vomit bile? I have seen patients who seemed to vomit a half-gallon of something physicians called bile. As you know, the gall sac holds two ounces. The liver secretes one ounce daily and excretes one. Again, the gall duct, the ductus communis choledochus, enters the bowel several inches below the pyloric entrance of the stomach.

I believe that the gall is an oil, and, further, that the vomited matter, in these cases, is malaria water, there being three grades—green, yellow and black. I should appreciate an answer from you on this subject.

Long live the BRIEF. May joy and success follow its Editor.

Bright Star, Ark. S. E. ADCOCK, M. D.

ANSWER:—Yes, a patient can vomit bile, blood, feces, almost any old thing. In fact, we have seen people who claimed to have brought up their immortal souls. There are times when the bodily contents seem to have passed into solution in the digestive canal, and reversed peristalsis keeps things doing.

A very small amount of bile will tincture a large volume of serum, imparting its characteristic properties.

It is, or ought to be, known that the liver is a very emotional organ, highly susceptible to states of mind, which affect the rate of secretion to a considerable extent.

Of course, the fluids of the body may be colored by the destruction of red-blood corpuscles, due to malaria or other causes.

Questions such as these are always apropos, Doctor. None of us should hesitate to question what seem to be accepted facts if we can throw or draw out any light on the subject. There is nothing like independent thinking to strengthen one, and to help on the cause of medicine. —ED.

Dry Secretions.

QUESTION:—Kindly advise me how to proceed in the case of a man forty-five years old who lacks oil in his system. Skin seems dry, finger and toe nails are brittle. Does not seem to be any softness in the finger nails; they are hard, dry and brittle. In fact, the whole skin is dry and deficient in oil.

This man has taken a great many hot water baths for several years past. Has some kidney trouble.

Maine. E. E. D., M. D.

ANSWER:—We infer from your description that this man is in a feverish state all the time. We recommend that you stop the hot baths, and remove all other sources of excitement and worry as far as possible. His diet should be bland, yet of a nourishing character. Positively no condiments, sauces, relishes, etc.

Flush bowels with a solution of magnesium citrate once or twice a week.

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Respiton, in teaspoonful doses three times daily, is indicated for its effect upon the skin and other emunctories. Would add one-fourth drop each tinctures of aconite and ipecac to each dose for the first day or two.

Use tepid sponge baths, and have the body anointed with cocoanut oil.

He should have plenty of pure, soft drinking water.—ED.

Gunpowder Stains.

QUESTION:—Please give me a reliable formula for the removal of gunpowder stains. Skin badly stained.

(MRS.) HELENA NEWINGTON, M. D.
Winnipeg, Manitoba, Can.

ANSWER:—A year or so ago, a country doctor reported a successful experience with applications of carbolic acid, full strength, treating a small area of skin at a time.

He stated that the reaction was not particularly unpleasant, and when the epidermis comes off, the stain comes with it.

This method seems to be more efficacious than those in general use; therefore, we suggest that you give it a trial, and let us know how you come out.—ED.

[Written for the MEDICAL BRIEF.]

Stricture a Universal Result of Gonorrhea.

BY GEO. F. G. MORGAN, M. D.,
San Francisco, Cal.

In your issue of April you have an article by Dr. Lippit, of Columbus, Ohio. Many of his "don't" are wisely and well put, but I must except to one, viz.: "Don't forget that strictures are not so common as some surgeons would have us believe." I am one of those who believe that strictures are more commonly present, in a post-gonorrheal patient, than most physicians or surgeons suspect.

How can it be otherwise? For example: Gonorrhea, as its name indicates, is a flux or flow of virulent matter, from the "goni" or "guni." It follows an acute attack of inflammation. This infiring or inflammation may be restricted to one or more limited areas of the urethra. Or, it may become more diffuse and thus attack the whole of the pendulous urethral canal. In this latter case, the whole canal becomes engorged and softens and throws out an inflammatory product, in Nature's effort at repair of the part or parts affected.

At last the process of repair sets in. The exudate ceases. The inflamed or infired surface cools off and hardens, cicatrizes. Now, all cicatricial matter shrinks, contracts. Here we have the beginning of stricture. It may be in band-like, localized form. Or it may be that the canal, as a whole, has been narrowed, atresia like. But whether localized, as band-like patches or rings, or as a general narrowing of the pendulous canal, reason tells us that no such an inflammation, cooling off and cicatrization can take place without appreciably decreasing the caliber of the urethral canal.

Reasoning from cause to effect, we are thus led to declare that no case of gonorrhea ever leaves the urethral canal in the same caliber and the same elastic, expansible condition as before the attack. It is not the nature of "scar-tissue" so to do. I once was called to examine a case of stricture that pronounced itself twenty-five years after the disease had been contracted at Calcutta. The patient was a sea captain. If we could get at the facts, we should find that a very large majority of the cases that now die under the generic term of "Bright's disease," had their origin in stricture of the urethra.

Some years ago in this city I was called to the bedside of an elderly gentleman—a contractor. Cause—stricture, retention or urine and threatened rupture of the bladder. I relieved him. For four years he had been paralyzed and had walked on two crutches. I studied his case. Told him I could cure him by dilating the stricture. He put himself under my treatment. I carefully dilated his urethra up to No. 30 French. He threw away his crutches and took a cane. He went off to the mountains and one day surprised me by walking into my office as erect and forcefully as a young man. The paralysis was reflex. It was cured by Van Buren sounds. He was happy. So was I. Do not overlook or neglect the stricture!

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BATTLE & CO., Chemists,
ST. LOUIS:

I used the sample of Ecthol kindly sent me some time ago, in a case of perineal abscess which was opened and drained and stitched up, but failed to unite (the edges of the wound) and was left gaped and discharging. I applied Ecthol locally and gave it internally with very good effect.

L. B. YOUNG, M. D.
Rolesville, N. C.

BATTLE & CO., Chemists,
ST. LOUIS:

I prescribed Papine with very satisfactory results in one case, a gentleman, age 56, who had been in the habit of taking morphine for every little ache and pain, till he had practically become a morphino-maniac. Papine was substituted in teaspoonful doses, every three hours, if necessary. He took in all 4 ounces, and informs me that he no longer desires morphine. This may be a coincident and it may be more.

W. B. PARSONS, M. D.
Missoula, Mont.

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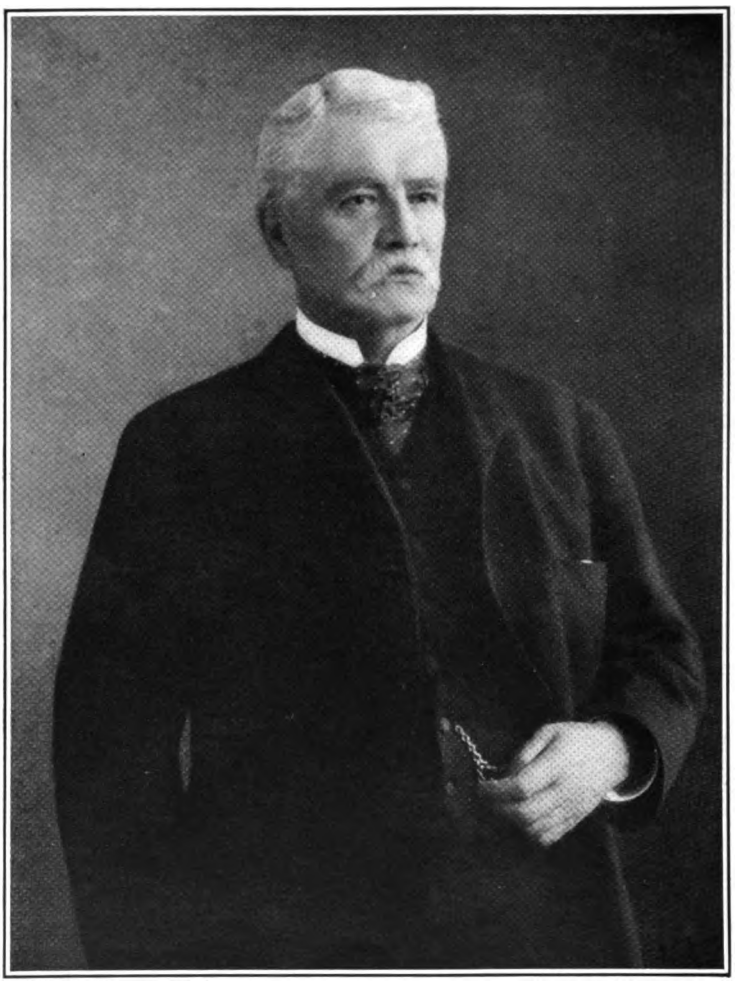

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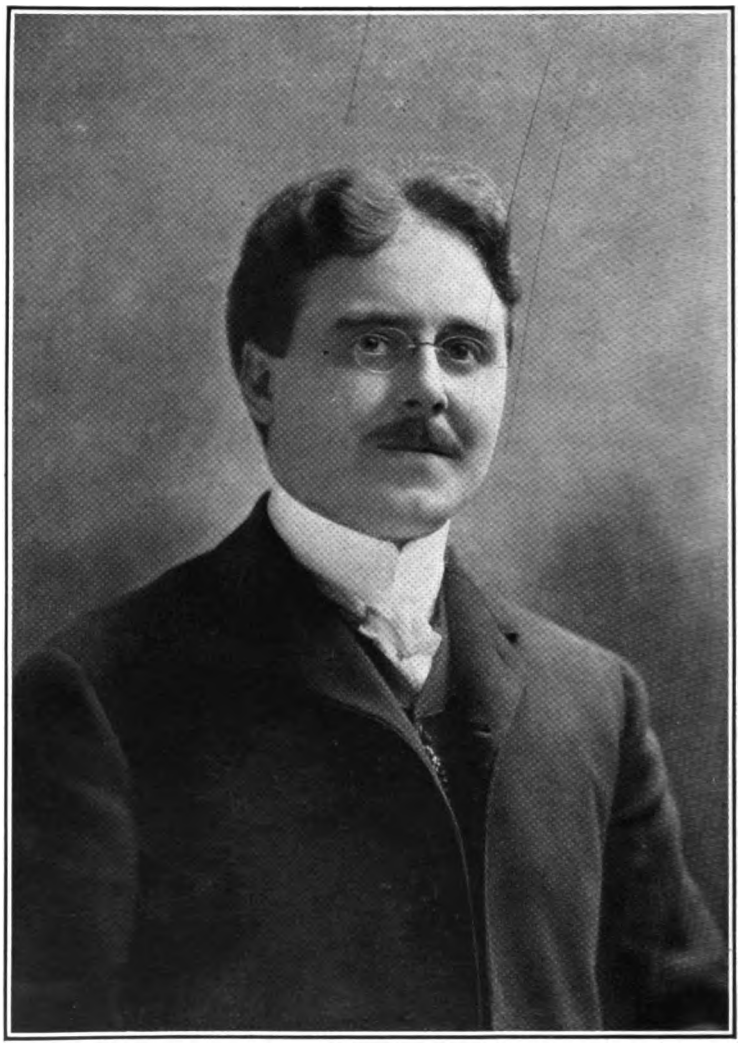

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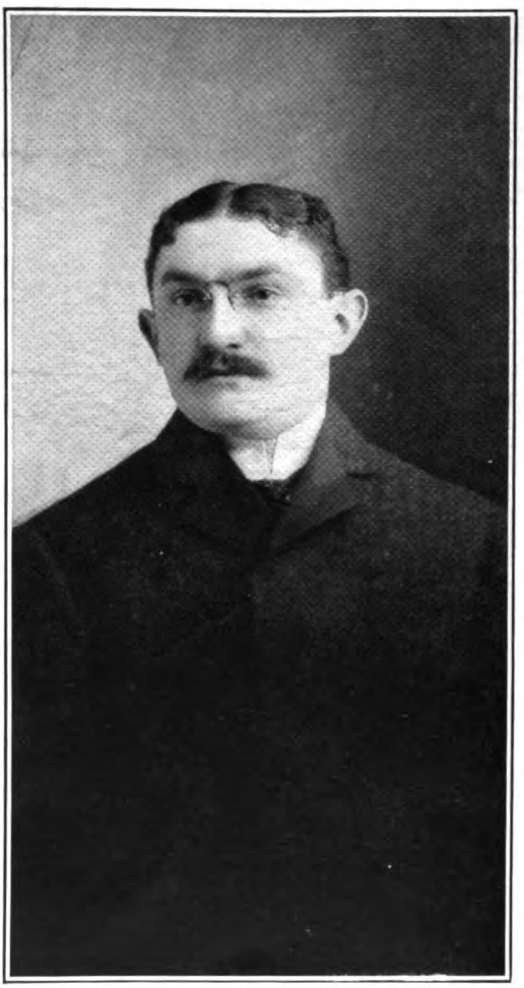

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THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
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J. J. LAWRENCE, A. M., M. D.
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Editorial.

Liberty.

Science demands the fullest liberty for investigation. No man is infallible. The assumed prerogative to regulate other men is an usurpation. Authority has no warrant in reason or common sense for setting up impassible barriers to discourage seekers after truth. Obstacles created by prejudice, dogma and authority put a learned profession like medicine at a great disadvantage in this modern age.

This is the age of utilitarianism, of experiment, of the attainment of exact knowledge in all departments. To prescribe set limits to a man's endeavors, beyond which he may not go without being charged with irregularity—in other words, punished for daring to think and act for himself—is to cripple the efforts of those devoted to that particular branch of knowledge and, by so much, retard its progress. Medicine has lagged behind other arts and sciences because of the baneful influence of authority.

America has made greater progress than any other nation because she has enjoyed more liberty. In Germany, where monarchical ideas have their fullest expression, we find a very different state of affairs. There, if some man in a position of authority says a thing is right or true, immediately a law is passed to enforce it. In America every man's statement, from the President down, is freely discussed on its merits.

As a nation ages the pressure of civilization is apt to bring about a degeneracy which breeds a selfish and short-sighted policy. Artificial ambitions take the place of natural ideas. Competition is severe. The vices of civilization crop up. Men think by laws to regulate and suppress unhealthy symptoms instead of returning to the study of first principles.

They want to pass laws to keep a man from becoming a lawyer or a doctor until he has exhausted his mental force in studying a variety of subjects, many of them foreign to his profession, and spent all the money he can borrow, thus hopelessly mortgaging his future.

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Other men, men at the top of his profession, lay down the law to him as to what he shall think and shall do in his daily round, so that he shall have no opportunity to rise above the level of dull mediocrity. If he dares to raise objections, if he departs from the beaten path, he is sent to Coventry.

The future of a nation of men thus circumscribed must go from bad to worse. Yet the tendency in America at this time is to look to law for a remedy of our evils. It must go no further. The rights of the individual to think and act as he sees best must be kept intact. The Republic has entered into a contract with each and all of its citizens, through the Constitution, to give him a fair chance. Legislators and censors must keep their hands off. No privileges, no interference, and may the best man win.

As to medicine, every doctor must be allowed to graze wherever he can find pasturage. No hobbling to the stake of authority. Let him read all sides, try all things, counsel with himself and find wisdom if he can.

No difference how much a man knows, it will do him good to hear what some one else has to say on the other side. He may be right in the main, and still find something of value on the other side which will modify his views.

Please Understand.

The Editor of the MEDICAL BRIEF wishes it distinctly understood that he does not write editorials on medical, political or religious subjects for the purpose of converting anyone to his views. All he aims to do is to get his readers to consider the other side.

The man who accustoms himself to read the other side of all questions, regardless of his prejudices for or against anything, will broaden his mind, strengthen and develop his character. Such growth must exercise a favorable influence on his vocation. No man can be either great, good or successful who allows his prejudices to dominate his nature.

No man is so big that he can trust himself to say he is absolutely infallible. Let us put aside egotism. Read the other side, however absurd it may appear. We may find some gem of value hidden under verbal trash, as for instance, suggestion, and needing to be assigned to its proper place. Suggestion has furnished us a new remedy for our *materia medica.*

It is the duty of the reasoning man to determine how much and how little can be accomplished with new agents brought to our notice. This he can not do if swayed by prejudice.

Do not be prejudiced against a man who is not in favor of your particular fad. Eventually every fad must find its level. Whatever amount of truth it may contain will be gleaned out and take its proper place. Because a remedy will do a particular thing does not prove that it has any value outside of its place.

Just look at the results of activity in the bacteriological laboratory. All these preparations will find their proper place in the near future, and the profession will have to accept it.

Do not abuse the man who does not believe in bacteriology because you do. Read what he has to say, study it and help to find its rightful place. Do not take any man's assertions for granted in regard to anything.

Every position taken by the MEDICAL BRIEF has been sustained in the course of time. When we fought tuberculin everyone said we would have to back down, but the contrary has come to pass.

Again, the Editor learned the value of fresh air in the Confederate army, because compelled to stay out in it. Ever since the MEDICAL BRIEF has been agitating the fresh air treatment for consumptives, but it was opposed to the views of the authorities at that time, and physicians were taught to pay no attention to it. Of late years, however, the great value of outdoor living for consumptives has been generally recognized.

On the other hand, the Editor has never, either by written or spoken word, said that he was opposed to vaccination. Some of our contemporaries, notwithstanding our denial, have continued to reproduce this misstatement. It is useless to follow these things up and contradict them. If people are opposed to you they will believe them anyhow. Our old subscribers well know that the Editor never hesitates to express his opinion free-

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ly on any matter, and that the BRIEF does not make misstatements about anything or anybody.

But all this is a digression. What we were talking about was the importance of not letting our prejudices govern us. The MEDICAL BRIEF does not want to convert anybody to anything. All we want to do is to entertain and broaden you. We do not want to say what is not true, and we confess that we are working for the Editor, but we want to give value for what we receive, and in this way we are working for the profession also.

The Editor does not have to convert anybody, because he wants no office of any description, and is perfectly willing for all men to reach their own conclusions. This is the only way to make men self-reliant. We believe absolutely in the individual. He ought not to be a follower of anything or anybody. He ought to do his own thinking.

Civilization.

It is a well-conceded fact that all the progress which has given us our civilization has been made by the independent thinker. In other words, all progress has been made by the man who objects to being bossed. Barbaric nations inherit their ideas of religion, politics, in fact almost all their ideas, from their ancestors. Hence, they are slow in making progress toward civilization. This grows out of the fact that they are taught to revere and obey authority.

It is inconceivable to the independent civilized man that he should be afraid of another man, a being just like himself, equally fallible and limited. He can not understand why it is that when some doctor who elects to be considered a leader, says a certain course is unethical, others should instantly bow to his dictum. Why should they be afraid that he will call them unethical or unscientific? Who gave the would-be leader the right to pronounce upon what is scientific, what is ethical? Who made the self-constituted leaders oracles? Since when has the spirit of *lese majeste* been introduced into the arena of science?

It is simply inconceivable that the thoroughly civilized man should be bossed in his opinions. It is different when a man engages to do a certain piece of work which does not agree with his ideas. A man may write a logical argument from instructions received, a lawyer defend a case; an architect may draw a plan to conform to the ideas and tastes of his patron. When a man takes a contract he carries out its provisions. He is free to have his own opinion.

There is no possible reason why a civilized man should be dominated or coerced in his opinions. There is no reason why he should be compelled to think as a handful of self-constituted leaders may dictate. Let him stand his ground, refuse to be scared by any efforts to place a stigma upon him, and insist upon his right to investigate and decide for himself.

A thoroughly civilized man does his own thinking, just as he performs his own ablutions and orders his clothes made to fit him. He does not vote the Democratic or Republican ticket because his father did, or because any other man does. He examines the principles, platform and record of each party, takes into account the political situation and the character of the candidates, then votes as he thinks best.

The people who think and vote as they are told are the people who force machine government, with all its corruption and usurpation of power on us. The machine uses these people for its own purposes. The machine can not move the independent thinker. The independent thinker is the only hope this country has to-day. The future of a republican form of government, the future of religion and of medical science rests with the man of independent mind, daring, fearless and resourceful, who will go on and on whithersoever the spirit of truth may take him regardless of what any other man or set of men may have to say about it.

Whenever a doctor in a medical society gets up and dogmatically asserts a thing, do not be afraid to call him to book. Can you think of any doctor big enough, or any man in any department of life big enough to arbitrarily force others to accept his *ipse dixit* as final? Whenever any man tries to force you to think as he does, resent it and resist it. There is no form of suffering comparable to the pangs of intellectual slavery. Most of us

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are chained to routine, but so long as the mind is free to range, to grapple with new issues, to attack various problems in its own way, we are free, we are happy. Enslave that and we are reduced to a grovelling plane of existence.

Improved Methods of Diagnosis.

The time was when the ablest physicians had to depend chiefly upon the patient's description of his sufferings to make a diagnosis. Naturally this method was very imperfect and unsatisfactory. Confusion arose from the fact that so many of the same subjective symptoms are present in different diseases.

The state of the pulse, the condition of the tongue, skin, secretions, threw some light on the general well or ill-being of the patient. The doctor taxed his ingenuity for means to detect and identify the exact nature and site of disease. No physician nowadays would attempt to diagnose a cardiac lesion or lung trouble without the aid of certain physical methods and tests, such as inspection, auscultation, percussion, etc.

In diseases of the abdomen, the doctor palpates, measures, maps out the various organs, painstakingly excluding the healthy ones.

In pelvic diseases, the bi-manual method and the speculum have proved themselves of great assistance, to say nothing of the light shed by microscopic investigation of secretions, discharges, new growths, etc.

But even these methods, marked improvement as they are upon the purely subjective diagnosis, are to be refined upon by the advances of chemical and electrical science. Already we have instruments such as the cystoscope, by means of which hollow organs, like the bladder and stomach, can be illuminated, and the exact condition of affairs revealed.

The X-rays first brought to our notice by Roentgen, have made it possible to locate fractures, and determine their character, to find bullets and other foreign bodies embedded in the tissues.

Chemical science now promises to do for medicine, in time, what the X-rays have accomplished for surgery.

The power of radium, the lately discovered metal, when mingled with certain cheap chemical salts, to cause a most brilliant, phosphorescent light, suggests that a solution of this mixture, injected into the tissues, may, some day, be utilized to make plain perplexing problems of disease by actually lighting up the diseased part so the doctor may *see* exactly what is wrong.

When this day comes, if come it does, many of the diseases which now constitute the opprobrium of medicine, will pass away and prevention will be the largest part of our work. In fact, the growing improvement in diagnostic methods will bring about a revolution in practice. The twentieth century man will consult his doctor with unremitting regularity. He will value the ounce of prevention at its true worth. Most of the doctor's practice will be done at his office, where he will sit surrounded by the paraphernalia furnished by the modern science as aids in diagnosis and treatment. He will be constantly consulted, well and promptly paid, for his contribution to a man's fitness for business.

The prophetic eye and ear enables one to picture the man who "Just dropped in, Doctor, to have you look me over. Had a queer feeling down low in the right side last evening after dinner. Hope it's nothing serious."

Then the doctor proceeds to "light up" the right side. He announces a fecal impaction at the cecum with some irritation and constriction of the bowel. He prescribes, and a promising attack of appendicitis, with expensive operation attached, is nipped in the bud.

Lack of Business Sense.

It has been said of doctors that they are absolutely lacking in business sense. This is not true. Most doctors have the business sense, and it is just as important a qualification to success in the practice of medicine as knowledge of medicine and therapeutics. Once in awhile, however, we come across a doctor who lacks business sense. Now and then we get a letter from some doctor who says he likes the BRIEF first rate, but why do we spoil its appearance by putting advertisements in it?

Well! Well! If there were no advertisements in medical journals how would

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the profession keep posted as to the advances made by chemistry and pharmacy from time to time? How would the doctor know about the products of Merck, Battle, Lambert, Sultan, Mellier, Fellows, etc., if they were not advertised to physicians through the medium of the medical press? Many of the specialties made by firms such as the above are way in advance of the ordinary official remedy as prepared by time-honored methods. The doctor who uses these specialties scarcely realizes what an advantage he has over the fathers in medicine who were forced to rely on crude preparations or else make them himself with inferior appliances.

It is not only legitimate to give space to the advertisement of fine remedies; it is absolutely necessary. It is to the interests of the doctor to be made acquainted with high class remedies as fast as they make their appearance. He is not compelled to use them, but it is his business as a progressive man to try them. His own reputation and the welfare of his patient exact that he shall give the sick in his care the best remedies the times afford.

It is also for the interest of medical journals to publish the advertisements of reputable manufacturing chemists. The price of these advertisements help to cover the heavy expense of publishing a good journal.

To object to a medical journal's accepting advertisements for publication is to acknowledge an unfortunate lack of business sense. If such a deficiency can not be remedied, the doctor so affected would do better to exchange his occupation for one which takes all responsibility out of his hands, for he is almost certain to become involved financially, and so come to grief.

The business sense can be cultivated, however, in most cases, and as above said, is of primary importance. Make your charges reasonable and uniform, keep your books straight and up to date, collect promptly. Get in the habit of looking at things from a business standpoint. Educate your patrons to pay you a fair price, and promptly. Then you will see the corresponding necessity of knowing the latest methods and remedies that you may do your best for them.

Of course, there are some doctors who object to modern remedies without knowing anything at all about them. They try to prevent others from using them by working upon their prejudices. These doctors belong to the same class as Dowie—they believe that no one has any sense unless he thinks as they do. To them it is useless to say anything, for prejudice is a rock in which no seed can take root.

A Last Chance.

November offers the last opportunity to see the greatest Fair in the history of civilization. Those who have seen its wonders and glories can never cease to congratulate themselves on the good fortune which took them to St. Louis. It is good to see, in its perfection, the grand results of man's ceaseless endeavors to improve his condition. It is instructive, inspiring, encouraging, tending to uplift and strengthen the spirit of all humanity.

From the noble spectacle crowning art hill, witnessed in its beauty and entirety from the Plaza St. Louis, to the last detail of management and display of exhibits, the St. Louis Exposition is a marvel of art and finish, a marvel which never exhausts the spectator's appreciation. After many days of hard work, trying to take in all the various features, and make the most of an unequaled opportunity for instruction and culture, the visitor is even more fascinated than in the beginning, and most reluctant to leave the embodiment of his dreams concerning the possibilities of life—how beautiful, comfortable, satisfying, it can be made.

The palaces devoted to Varied Industries, Liberal Arts and Manufactures are well worth a week's study each; Government Building and Agricultural Building contain much that is interesting, especially to physicians. The arrangements for the care of the sick and wounded in hospitals are very comprehensive and well illustrated in the Government Building. The most up-to-date methods of treating diseased stock, preventing the development and spread of disease, hygienic care, etc., are here shown by illustration. The subject of disease as it relates to crop raising and forestry is also gone into extensively.

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The French have a particularly fine display of pharmaceutical preparations in Liberal Arts. All the civilized nations are well represented in this respect. The average doctor is astonished, and made proud by the advances so evident in chemistry and pharmacy. We think we can say, without boasting, that the American doctor is decidedly in the lead in his knowledge of therapeutics. He bases his medication upon the actual indications in a case, not upon conventions, theories or fads. Also he is not in the leading strings of authority.

Social Economy and Education is full of interest to the student and professional man. The Palaces of Electricity and Machinery furnish new ideas even to those who find the study of apparatus intricate and perplexing. Mines and Metallurgy, Forestry, Fish and Game, through their exhibits, give one a vivid idea of the immense natural resources of the world, and hence the vast opportunities awaiting development.

Many of the shows on the Pike are instructive as well as entertaining. The "fake" is conspicuous by its absence. Never was there a fair so meritorious, so genuine in all its features. The visitor need have no apprehensions as to greed, extortion or imposition of any sort.

St. Louis is at its best in the fall. The climate is ideal, neither too warm nor too cold, but bracing and exhilarating. Make up your mind before it is too late, to embrace an opportunity which will never occur again, of seeing the wonders of the world grouped conveniently for inspection and study at a trifling cost in time and money to you.

Educate the Laity.

Experientia docet is an old saying, but how few there are who learn even from experience. This is because they follow others instead of observing and thinking for themselves.

It is a fact brought out by experience that the people who know most about medicine make the best patients. They understand far better than the medically ignorant, the importance of skilled advice and treatment. They know too much to defer consultation until the case becomes critical.

The educated laity believes in prevention, appreciates the necessity of intelligent co-operation with the physician. The doctor has far less trouble in getting these patients to carry out his instructions than those who have no knowledge of medical matters. Men and women who are in the habit of reading medical literature understand what is required of them appreciate its reasonableness and necessity.

The medically wise will call a physician when sick rather than trust their own judgment, on the same principle that one doctor prefers to put himself in the hands of another instead of treating his own case. Only the wholly ignorant person wants to treat himself or his friends.

"Fools rush in where angels fear to tread."

Those who know something about medicine do not become victims of the fakir.

The country doctor who is in the habit of lending medical literature, books, journals, etc., to his patrons enjoys their respect, esteem and confidence. They have some grounds for appreciating his professional attainments. They can see that the preparation he has had to make for his life work, the constant study which such an occupation entails, to say nothing of daily wear and tear, are deserving of recognition and appropriate compensation.

The educated layman does not think "doctorin" is such a "snap" as the ignorant have been heard to remark.

Do not be afraid your patients will know too much. The more they know the better they will realize how much there is they can not know, and the better patients they will make. You may not believe this, but if you will make the experiment, we think you will be convinced of its truth. Test the matter for yourself, and see what conclusions you come to.

So Much to Know.

It is puzzling to see chemists, doctors, and others wasting time and strength in controversial argument over non-essentials, when there is so much of value to be learned. Think of the dormant virtues of the medicinal plants of America, India, Mexico, Asia, which we know nothing whatever about. Think of the incurable diseases which rest an opprobium on medicine.

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Do you not envy the man who finds some new plant to study, something new in diagnosis to work out, who discovers some new fact in experience? It is a great thing to find out something new. What a field before the chemist, the doctor, the electrician, the inventor. There is so much to know, and how little we know!

Instead of devoting their energies to adding to the sum of our knowledge, we see men squabbling like cats, and howling about what the other fellow should do.

The Editor of this journal confesses that he has always been happiest when working, even when he is trying to teach somebody something he does not know himself.

Royal Roads to Heaven.

There are always people in the world who are caught by the idea that a royal road to heaven can be found for them. Many people prefer to confide their eternal salvation to some self-constituted prophet, and do what he asks them, however absurd it may be, rather than work it out painfully, according to their own lights, and paying the price exacted by Nature for every forward step.

Suggestion is the undoubted basis of such religions as Eddyism, Doweism, etc. The founders of these religions impress their thoughts upon their followers, hypnotize them by the force of a magnetic personality, make the road to heaven pleasant traveling.

The people who do not know themselves in the least, the people who are always looking for something or somebody to lean on, the people who want to fool themselves into believing they can do just as they want to—ignore the laws of Nature and still escape the penalties—all these people grasp eagerly at a religion which promises much for little.

There is not the least doubt that if some man of forceful personality would get up and tell people in a spectacular way, that he had just had a revelation of the only true, authentic religion, that he was inspired to make this address to them and solemnly promise them exemption from the ills of the flesh provided they took kindly to the idea of wearing a ring in their noses, there is not a doubt, we say, but that a very considerable percentage of his hearers could be persuaded to adopt this barbarous custom. Lots of them would be proud to wear the distinguishing symbol, and would proselyte vigorously for the cause.

We are not examining into the merits or demerits of these religions. Anything which continues to live, as a rule, has something to commend it. But one and severally, they have suggestion as a basis.

The same people, who so enthusiastically accept the religion with its royal road, are bound to get their illusions a little disturbed occasionally. Nature's laws are hard to gloss over. Even religion will not keep a man from becoming bankrupt if he spends eight dollars a day and only makes four. Even the wildest devotee has generally learned this much. Also, few of them, we imagine, would depend upon their religion to save them from sudden death by violence or poison.

A man might be willing that his sick wife or child should try their chances with Christian Science, but he probably would not stand in front of an express train or take a lethal dose of strychnine, and rely on prayer to save him.

It is the little venal sins that a man wants to commit, and still feel that he is a thoroughly good fellow. To have a religion, any kind of a religion, makes one feel so safe, and so respectable. What if he does drink and smoke more than he ought to? What if he does gamble? What if he does give short weight on his coffee and sugar? What if he has not the respect for truth and for the rights of other people that his mother tried so hard to teach him? What of all this? Is he not a religious man? Does he not do what his religion tells him, and, therefore, is he not exempt from reproach?

He squares things with himself this way, but he can not see that he does not square them with Nature. So he lives in a fool's paradise while Nature piles up interest on her debt. He may never know why he has such hard luck, and laments his fate without knowing how to remedy it.

The steady drinker for twenty years does not understand why he should have cirrhosis of the liver or Bright's kidney. The man who gives short weight feels in-

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jured when so many customers flock to the new competitor across the way. The man who constantly lives beyond his income is dumbfounded when he is all at once dismissed from his position. His debts have been noised around, and his employers, finding that it reflects discredit upon them to have such a man in their employ, get rid of him. The liar finds no one to trust him.

A royal road to heaven, paved with illusory promises is more attractive than the straight and narrow path, hedged with grim facts, but it is more satisfactory in the long run to pay as we go, to take things as they are, to curb selfishness, to let alone evils and temptations as far as possible. When we do yield, or forget, to get back into the straight path as soon as possible, and by our own efforts. But what is the use to talk. A royal road some people *will have* at any cost.

Reaction Against Serum Therapy.

From time to time we read flaring announcements in the newspapers of the discovery of some new serum to cure consumption, small-pox, or cancer. Glowing accounts are given of the revolution these serums is to work in the treatment of such diseases. This is the last we ever hear of them. Injections practiced for the cure of hydrophobia, according to the method of Pasteur, have not given satisfaction. His theory is being disproved all the time.

In fact, a strong reaction has set in against the serum treatment of disease, not only here in America, but in Germany, the birthplace of this fad. A revival of interest in drug action is manifest everywhere. A glance through our exchanges shows that close attention is being paid to therapeutics. Many admirable articles on *materia medica* have been published during the past year which must prove of inestimable value to the profession, as they are based upon careful observation and actual experience rather than researches among authorities.

Doctors are learning to accomplish more by means of hygiene, diet, exercise and similar agencies, so that along with a more precise knowledge of the use of medicines, they are able to get along with less drugging. We are gradually coming to know more about the uses of electricity, baths, etc., all of which are healthy symptoms of the existing status of medicine, and a promise of better things for the future.

It is a source of congratulation that the profession is turning away from the degenerative tendencies involved in serum therapy, which at one time threatened the integrity of medical science, and is aiming at progress in more normal directions. In other words, the profession is doing more thinking, and, as a consequence, is not so easily carried away by fads. A continuance along these lines will enable medicine to make progress as fast as surgery.

There is a general need in the cities of the old-fashioned family doctor. Specialists we have in abundance and good ones, too, but there is a dearth of general practitioners, men who know the family history well, the constitution, peculiarities, idiosyncrasies, and so on, of its various members, and who, therefore, can shed more light on a given case than anyone else.

Carping Criticism.

The successful doctor, the successful man in any line, soon finds that he must pay the price of eminence. Carping criticism necessarily follows success. Ridicule and malice are always employed by those who can not rise above mediocrity. Carping criticism shows the dishonesty of those who use it, for no detraction can change facts.

It is not the man who criticizes but the man who does something that succeeds. The man who turns a deaf ear to his critics, who goes steadily forward doing the best he can in every situation is the man who accomplishes results. No amount of carping criticism can stop him or take away the substantial nature of his success.

Success speaks for itself. Success is what you are working for. When you have got that, you can afford to pay no attention to your critics. The critic hurts himself more than anyone else when he spends his time venting feelings of envy and revenge, instead of working. Do not allow what the critic says to make an iota of difference in shaping your course.

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We speak from experience. The MEDICAL BRIEF is the most popular, and, financially, the most successful medical journal published. It has the largest subscription list, the ablest writers. And how was this success attained? Not by listening to what the critic had to say, but by going straight ahead in a policy of fearless independence and regard for the practical interests of the profession.

The doctor must learn to rely absolutely upon himself. He will never succeed by doing as other people say. Remember you know just as much as your critics, and probably a little more. Anyhow, you will never succeed except by being yourself. Be straightforward, courageous, and reliable. Say what you mean, and mean what you say. Who does not admire the sturdy honesty and courage of Grover Cleveland and Theodore Roosevelt? Even their political opponents admire their manly independence.

Do not be hurt, embittered or influenced by carping criticism. It is a tribute in its way to your worth. The man who fearlessly faces and overcomes obstacles develops a fine pride, which will sustain him, and a courage which knows no wavering. Once form the habit of thinking and acting for yourself, undeterred by carping criticism, and you will mount from one level of achievement to another just as naturally as the sun follows its course.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, how be *you* and Brother Lawrence, our good Editor? Have one on me. But I forget, you don't drink—at this distance.

I'm getting along, boys, as years count. My good woman says there is more silver than black in my hair, but generations of rural living have given me a blood that tingles to this day at the first touch of frost. I feel good, real good, not to say frisky.

Many cases of eye-strain from weakness of the muscles, are treated with glasses which could be cured with nux vomica. Start in with three-drop doses of the tincture, three times a day, and put up the dose a couple of drops a day until you get symptoms of saturation.

Nux tincture is good in sick headaches, too, a drop in a little water repeated every five or ten minutes until as much as ten drops are taken.

Say, boys, don't forget the value of strychnine to relieve shortness of breath in old people, convalescents and the like.

Small doses of pilocarpine give considerable relief in the weakening of sight produced by over-indulgence in tobacco and alcohol. It's also a fine remedy in uremic poisoning.

Pilocarpine and atropia antidote each other, but atropine is about four times as powerful.

Calabar bean is mentioned as having considerable value in the treatment of dilated stomach. Who knows anything more about this?

Say, boys, when you see a case of rickets, think of phosphate of soda—small doses—three to five grains. This drug ought to have a trial in cirrhosis of the liver.

A lotion prepared by adding thirty to sixty drops of dilute nitric acid to a pint of water is fine in bleeding piles, stopping the hemorrhage, and relieving the unpleasant weight and fullness. Kennedy's dark pinus canadensis is another fine application, especially where there is catarrhal trouble. The patient can apply it himself—just a drop on the finger after defecation, and first washing out the rectum with a solution of borax.

The pinus canadensis is also a splendid dressing for congested, raw and oozing cervix. All those nameless, unpleasant sensations which arise from a diseased os, and make a woman's life a misery to her, can be cured by relieving the morbid state which gives rise to them, and, personally, I know of nothing better than the pinus canadensis.

If the congestion is very great, I use a few tampons of boro-glyceride to drain the tissues, then apply the pinus canadensis, full strength, on tampons, direct to the os. Its effect is that of a tonic to the tissues as well as exercising an anodyne effect. If there is marked soreness, I employ a solution of listerine, glycerine and borax on pledgets of wool for a few

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days before applying the pinus canadensis.

If the general health of these patients is bad, you will need to give constitutional treatment according to the indications. The most common stumbling-block is some derangement of the circulation from want of innervation or malnutrition.

Say, boys, don't overlook the use of five-grain iodoform suppositories to secure a painless movement of the bowels in fissure of the anus. Insert about five minutes before going to stool.

Those terrible paroxysms of coughing which annoy old people suffering from chronic bronchitis can be greatly benefited by inhaling a spray of ipecac for a few minutes. Add one part of the wine of ipecac to two or three parts water. Caution the patient not to swallow the fluid which collects in the mouth, or you'll have him gagging directly. Let him wash out his mouth from time to time. The solution can be made stronger and the time lengthened, if necessary. The throat may seem worse at first, but the breathing improves, and the patient gets a rest from that trying cough.

Say, boys, those poor, unthrifty-looking children suffering from eczema, will get considerable benefit from iodide of iron in syrup form. Give 'em a few drops, well diluted, three times a day.

In acne, the glandular system is sluggish, and the circulation in the small veins and arteries is bad. I get the best results from hydrastis canadensis, ergot, nux, iodia, nitro-hydrochloric acid, etc. Dieting, regular exercise and bathing are indispensable.

Say, in some cases of anemia, where neither iron nor arsenic have the effect desired, try minute doses of copper. In the right class of cases the results are occasionally startling.

I hope you fellows have all had a vacation this year. Great mistake not to take vacations. There is nothing like a change for adding length to your days, zest to life, and efficiency to your work.

Well, so long, until the spirit moves again.

Enclosed you will find one dollar, for which send me the BRIEF for 1904. I can not do without it.—O. B. HUMSTON, M. D., Franklinton, Ky.

[Written for the MEDICAL BRIEF.]

Tuberculosis of the Kidney.

BY H. EDWIN LEWIS, M. D.,

Surgeon Eye, Ear, Nose and Throat Department, and Consulting Surgeon Fanny Allen Hospital, and Providence Hospital and Orphan Asylum; Medical Director Champlain Open-Air Sanitarium, South Hero, Vt.; Editor Vermont Medical Monthly; Member Chittenden County, State Medical Society of Vermont, American Medical Association, Etc., Etc.; Secretary of the Vermont State Tuberculosis Commission. Burlington, Vt.

Tuberculosis of the kidney is not a common disease, but it occurs with sufficient frequency to make its clinical study of considerable importance to the general practitioner. It is entirely probable that it occurs many times without being recognized, at least until very late in its course, and as its successful treatment, like that of all other tuberculous affections, depends largely on an early diagnosis, no contribution, however incomplete, is out of place or superfluous.

Clinically, tuberculosis of the kidney is always a secondary affection. I do not mean secondary to tuberculosis in some other organ as usually is, however, the case, but secondary to an inflammatory process in the kidney, bacterial or traumatic in its origin. It is true that it is difficult to say in any case whether a pyonephrosis is the result or the cause of tuberculous disease. A suppurative process may induce tuberculosis, and certainly tuberculous disease always favors the development of active suppuration. All we can say with our present knowledge is that tubercle bacilli and pyogenic organisms are strong allies, and the presence of either one in the tissue of any organ increases the susceptibility of that organ to the pathogenic influence of the other.

Certain diseases of the kidney, like calculus, prolapse, or anatomic abnormalities, predispose to tuberculosis, and diagnosis of any of these conditions should always stimulate search for the tubercle bacillus. Again, tuberculous disease anywhere in the genito-urinary tract or organs should always prompt investigation of the kidney as the probable source of the infection. In probably ninety out of a hundred male cases of genito-urinary

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tuberculosis, the kidney is the first organ attacked. The possible exceptions are those rare cases of tuberculosis of the penis, the result of local infection from without. In the female it is also true that the kidney is most often the starting point of genito-urinary tuberculosis, but anatomic and physiologic conditions rather increase the susceptibility of the female bladder, as well as the uterus, and an initial lesion may occasionally be seen in these organs.

Personally, I believe, however, that it is extrembely rare, if ever, that tuberculosis of any other genito-urinary organ is contributed to the kidney. It is a possible occurrence, but I have never seen a case of renal tuberculosis that I could reasonably believe had been infected by continuity from some other genito-urinary organ. In my experience, tuberculosis of the genito-urinary tract is a descending process, with the kidney lesion almost always the cause, and not the result of tuberculosis of the ureters, bladder, urethra or generative organs.

There are three special symptoms that should always lead a physician to suspect the presence of renal tuberculosis. These symptoms are hematuria, pyuria, and painful urination.

The hematuria of renal tuberculosis is rarely extreme, and may only manifest itself as a few blood cells and an occasional blood cast, but even a very little blood in the urine without evident cause, or the presence of an acute disease, is unquestionably one of the first and most significant symptoms of tuberculosis of the kidney.

Pus in the urine without the presence of a cystitis, and in connection with a slight hematuria is also suggestive, and a fairly constant symptom of renal tuberculosis; but painful and frequent micturition, without evident cause next to hematuria, is the most significant of all symptoms pointing to this disease.

In many instances, the discomfort in urinating arises from extension of the disease to the bladder, but severe burning and distress in voiding the urine frequently occurs when the disease is strictly limited to the kidney. The urine in renal tuberculosis is usually quite acid, and the painful urination observed before bladder involvement may be due to this. The other symptoms like fever, chilly sensations, sweating, dull pain and tenderness in lumbar region, occasional attacks of polyuria, the presence of broken-down tissue in the urine, and the noticeable absence of tube casts, are corroborative; but hematuria, painful micturition and pyuria, without evident cause, in themselves point strongly to renal tuberculosis. The cystoscope and ureteral catheterization are valuable aids in the localization of a tuberculous process in the urinary tract, but their value depends to a very large extent on the degree of skill and experience in their use possessed by the examiner. While, properly used, the cystoscope and ureteral catheter are useful, they are by no means indispensable. As a general thing, detection of tuberculous ureteritis, cystitis, or urethritis, only serves to strengthen the diagnosis of tuberculosis of the kidney.

Tuberculosis of the kidney is always a serious disease, insidious in its development, slow in its progress, and leading to a fatal termination in the majority of instances. Treatment, however, is often serviceable, and in many cases a cure or an arrest of the process can be accomplished. Probably a fair majority of all cases could be arrested if treatment could be instituted in the first stages, and this suggests again the paramount importance of early diagnosis as the keynote of any successful treatment of renal tuberculosis.

Surgical intervention in this disease is never advisable unless there is an abscess formation with considerable accumulation of pus. Nephrectomy is exceedingly dangerous, and should never be performed unless there is absolute certainty that the other kidney is sound. As it is rare that one kidney is affected alone, and next to impossible to exclude the possibility of disease in the other, removal of one kidney is almost never justifiable. Surgical measures, therefore, are really limited to the evacuation of any abscess that may have formed, and the correction of abnormal conditions, like displacement, etc.

Medical treatment, however, has a great deal to offer in the average case of renal tuberculosis, particularly if it can be instituted early. The general principles of hygienic living serviceable in every form

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of tuberculosis should be religiously followed, such as open air living day and night, an abundance of proper food and nourishment, a careful regulation of rest and exercise, and the correction of all bad habits.

The bowels should be most carefully looked after, and at least once a week a good sized dose of calomel should be administered. If conditions are favorable, one grain of calomel every night for a week or ten days will often be found valuable in relieving backache and lameness.

For the relief of pain in urinating, nothing is better than codein in good sized doses, say one-half to one grain, every three or four hours if necessary. The familiar opium and belladonna suppository is very useful, but I prefer the codein. Hot applications to the lumbar region and over the bladder are always soothing, and often give relief.

For the hematuria, cotarmine hydrochlorate, commonly called stypticin, is remarkably efficient. It should be given in three-quarters of a grain doses, three or four times a day, and its effect is usually prompt and certain. I know of no other remedy that equals stypticin for the relief of hematuria, and its immediate influence in some cases is almost startling. In several instances I have felt that stypticin has exerted a favorable influence on the disease itself, for following its use the blood not only has stopped, but the pus has markedly decreased, and in two cases the symptoms have not only subsided, but the bacilli have entirely disappeared from the urine after two months' use of the drug.

In general, the urinary antiseptics like salol, sodium, benzoate, and urotropin, are useful, especially when there is considerable pus in the urine. More recently I have found that the internal administration of iodoform, or, better still, ichthyol, with the combined hypophosphites, accomplishes all that the urinary antiseptics can, and at the same time exerts a very profound influence on the general vitality as well.

For obvious reasons, large quantities of some mild alkaline water, like Vichy, should be taken daily. Every form of alcohol should be absolutely avoided, and milk should be taken in the place of tea or coffee.

Finally, it should be remembered that tuberculosis of the kidney depends for its presence and progress on condition of lowered vitality, usually general as well as local. Consequently nothing that will raise the tone of the whole body should be neglected. Every detail should be carefully adjusted to the needs of each individual case, and every patient should be impressed with this all-important fact that recovery from any tuberculous disease is a hard uphill fight. The price of victory is earnest, hopeful effort on the part of the patient; constant, painstaking surveillance on the part of his physician; and never-failing courage on the part of both.

51 North Union Street.

[Written for the MEDICAL BRIEF.]

Constipation of Women.

BY SILAS HUBBARD, M. D.,
East Aurora, N. Y.

I have repeatedly seen it stated in medical journals that women are more subject to constipation than men. I will endeavor to account for it by saying that the transverse colon is longer than in men, and that the sigmoid flexure is more acute than in men, all of which tends to delay the substances in the colon passing into the rectum.

Women have the appendicitis much less often than men. I will account for this by saying that men usually urinate while standing up, which is unfavorable to passing flatus, and thus more gas is accumulated in the colon and the appendix is also dilated with gas, which allows fecal substances to pass into the appendix, which is the usual cause of appendicitis; while women usually sit while urinating, which gives full liberty to the flatus passing, and thus the appendix is not as often dilated with gas, consequently she is not so subject to appendicitis as men.

I will say to both men and women, to avoid constipation and appendicitis secure one passage per day by rubbing up over the ascending colon with the right hand, at the same time rubbing over the transverse colon with the left hand from right to left till the colon and rectum are emptied.

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THE MEDICAL BRIEF

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[Written for the MEDICAL BRIEF.]

Hepatic Congestion and Cirrhosis and Their Treatment.

BY R. NIMMO WATSON, M. R. C. S., L. R. C. P. (LONDON),
Late House Physician and House Surgeon at the Westminster Hospital, London; Fellow of the Guthrie Society, Harrogate, England.

For the purpose of this article the term congestion of the liver may be held to include the early stages of cirrhosis of that organ, whether due to the effect of alcohol or other causes.

"Cirrhosis" literally means yellow, and the term first applied to fibrous changes in the liver came to be used to denote the same changes taking place in other organs, such, for example, as the kidneys; but this has now been largely given up; in fact, the disease under discussion is now frequently referred to as "hepatic fibrosis," but I shall still use in this article the old term.

The commonest cause of cirrhosis is excessive indulgence in alcohol, or, rather, in alcoholic drinks. This form may occur at almost any age; cases have been recorded as early as six years and as late as ninety. It is commonest between the ages of thirty-five and fifty, and in men more often than in women. As one would expect, it occurs most frequently in those engaged in the liquor trade; their mortality from liver diseases, compared with that of other people, is as six to one. Some people are far more readily affected than others. We have all met individuals who have gone on drinking to excess for years without apparently being much the worse for it, while others have been very soon affected by it. That it is a fact has been frequently impressed on me. I have known men in New Zealand—there is a good deal of hard drinking going on there, and pretty bad liquor, too—who have hardly been sober for twenty years, and who exhibit no symptoms of liver disorder. I have also noticed the same thing in Jersey—one of the Channel islands—another heavy drinking place, for liquor is cheap there. A Jersey doctor told me that when he first went there, fifteen years ago, he saw plenty of hard drinkers whom he fully expected would soon die off, but that are still going strong, if I may so say, and apparently none the worse for their liquor. It appears to me to depend to a certain extent on the man's appetite. If this remains good, the alcohol does not seem to have nearly the same ill-effect as it does if a man loses his appetite, but goes on drinking.

Any form of alcohol may cause cirrhosis if taken in excess and for a long enough period, but the more potent spirits, especially when adulterated with fusel oil, amylic ethers, and the like, are the commonest causes. How the alcohol produces these changes in the liver is not quite certain. It probably acts in two ways:

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1. The alcohol itself acts as a direct irritant on the liver substance, causing inflammation with formation of fibrous tissue around the portal canals.

2. By readily parting with its oxygen, it prevents complete oxidation of the food stuffs. Metabolism is therefore imperfect, and the waste products formed act as irritants to the liver.

I shall now refer briefly to some other cause of cirrhosis:

1. *Syphilis.*—This occurs in two forms. It is seen in infants suffering from congenital syphilis, and the liver is generally much enlarged, but smooth. Microscopically it shows a diffuse interstitial hepatitis, the fibrous tissue invading the lobules, and separating the liver cells. In adults it occurs in the form of gummata, with thick bands of fibrous tissue traversing the organ. The symptoms it gives rise to generally closely resemble those of alcoholic cirrhosis, to be presently described. It is often said that in every case of advanced cirrhosis the patient should have anti-syphilitic treatment, as it is practically impossible to exclude syphilis.

2. *Malaria.*—A cirrhosis due to malaria has been described, but in the majority of these cases there is an alcoholic factor also. Certainly in the cases I have seen at Harrogate this has been the case.

3. Another cause of cirrhotic changes in the liver is the prolonged venous congestion met with in certain heart lesions, such as mitral disease. This may sometimes be co-existent with the alcoholic form.

4. Cirrhotic changes in the liver have also been met with in the late stages of splenic anemia, as described by Banti.

5. Another rare condition is cirrhosis, the result of prolonged obstruction of the bile-duct, or from atresia of the duct in infants.

To return to the common form—alcoholic cirrhosis. Two varieties are usually described.

1. The commonest variety is the *multilobular.* In this the liver is generally reduced in size, but not always so; hence the name "atrophic," given to it at one time, is not strictly correct. It is tough and hard, and the surface is uneven or hobnailed. On section, this unevenness is seen to be due to the contraction of dense bands of fibrous tissue, which run from the periphery through the substance of the organ. These are gray or grayish-red in appearance, and are seen to separate islands of yellowish liver substance. Microscopically, the fibrous tissue is found to be most marked around the portal canals. The liver cells are found to be granular, and many of them contain fat globules. Whether this degeneration of the cells is a primary condition or secondary to the development of fibrous tissue is not certain, nor does it seem to me to be very important. As a matter of fact, evidence goes to show that the primary change is one of fibrous overgrowth round the main branches of the portal vein.

2. *Unilobular.*—This is much less common than the multilobular variety. In it the liver is much enlarged, hence it is frequently called "hypertrophic cirrhosis." The surface is smooth, thereby offering marked distinction to the previous form. Microscopically the fibrous tissue is firm in character, and more evenly distributed throughout the organ. It is arranged around individual lobules, and strands of it may be seen in places invading the lobules themselves, and separating the liver cells. The characteristic feature, microscopically, of this variety is the presence of numerous small round cells, indicating that it is a more acute process than the multilobular form, and also the presence of rows of cubical cells, said to be new bile-ducts, embedded in the fibrous tissue. The presence of these latter has led to the theory that this form of the disease begins in the bile-ducts, but with this I do not propose to deal.

Now as to the symptoms of alcoholic cirrhosis. For the sake of convenience, I shall describe the symptoms of the two forms separately:

1. As regards the multilobular form. The early symptoms may be slight, but they are usually some or more of the following: Anorexia, nausea or vomiting (worse in the mornings), flatulence, constipation or diarrhea, a feeling of general malaise, a furred tongue, and possible hemorrhoids. The patient has a bloated

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appearance, and the conjunctiva may be tinged. Of course, one may get practically all these symptoms in an alcoholic without the liver being affected. For example, a patient of mine has had for some days past morning nausea, loss of appetite, and has been feeling generally out of sorts. He admits to drinking rather heavily during the last three months, but I do not think for one moment he has cirrhosis. But were these symptoms to persist, and especially if the liver is felt to be enlarged, we may safely say the patient has early cirrhosis. The persistent morning nausea is a very characteristic symptom; it generally comes on as soon as the patient gets out of bed, and you will find he generally has a whisky-and-soda then to pull himself together. This reminds one of the old story of the faithful butler, who was asked by a visitor, "What time does your master generally have his breakfast?" The butler's reply was, "Lord love yer, sir! 'e never 'as any breakfast, but 'e's generally sick about eleven o'clock."

In the later stages the patient may come under notice for ascites, an attack of hematemesis or melena, or on account of progressive emaciation. At the same time there may be advanced cirrhosis without any of these symptoms appearing. As regards the ascites, this may come on very gradually, or it may require tapping within a week or two of its first appearance. The hematemesis may be severe, and may carry off the patient at once.

I remember a patient who vomited four pints of blood within half an hour of admission. The hematemesis is due generally to rupture of an enlarged esophageal vein. After the onset of ascites or hematemesis, the case generally runs a rapid downward course, but this I shall refer to again in discussing the prognosis. Some intercurrent disease, such as tubercle or pneumonia, may carry off the patient, or he may die from cardiac asthenia. Cardiac dilatation, due probably to the toxic action of the alcohol on the myocardium, is common, and I remember Doctor Murrell pointing out how frequent it was to find a loud mitral systolic bruit in advanced cirrhotic cases. Another cause of death is exhaustion, with progressive emaciation and intractable diarrhea. Jaundice is said to be generally absent throughout. The spleen is usually enlarged, and there is frequently a trace of albumin in the urine, due to co-existent interstitial nephritis.

2. In the unilobular form the early symptoms are similar to those I have described in the previous form, but the patient frequently does not come under observation until he is deeply jaundiced. This is said to be the characteristic symptom of the large cirrhotic liver. The patient is also liable to pyrexial attacks, due probably to the occurrence of perihepatitis. Ascites and hematemesis are said by many to be uncommon. The end may come suddenly, with high fever, rapid pulse, delirium, and coma, but generally there is a gradual increasing weakness and emaciation before death takes place.

I have described these two forms separately for the sake of convenience, but it seems to me that there is no great distinction to be drawn between them, especially as regards the clinical side.

In the first place, it is certainly as common to meet with a large cirrhotic liver as with a small one.

Secondly, jaundice is as common in *small* livers as it is in *large*. Foxwell, of Birmingham, analyzed a series of sixty-seven cases, and found this was so. Cheadle, out of fifty-three fatal cases of cirrhosis, found marked jaundice present in eight of them; four had large livers, and four had small.

Taking the question of ascites, in thirty-one cases of the so-called hypertrophic form, Cheadle observed ascites in twenty-one, and in his sixty-seven cases, Foxwell found ascites was as common with a large liver as it was with the small.

A patient I saw this morning has a large cirrhotic liver. During the last three weeks she has had a febrile attack, temperature varying from 100° to 103° F.; she is also deeply jaundiced; in these respects, therefore, conforming to the unilobular type. But she also has melena and ascites; in these latter respects she therefore conforms to the multilobular type. I certainly think, therefore, that no great distinction can be drawn between the two forms, and

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since it is a fact that in many cases the large liver contracts down, I, for one, am inclined to support the view that many cases of atrophic cirrhosis are in reality a late stage of the hypertrophic form, and this in spite of the differences under the microscope. In the case I saw this morning, the liver is certainly much smaller than it was. We know fibrous tissue tends to contract elsewhere in the body, so why should it not do so in the liver?

Diagnosis of Cirrhosis.—Briefly, it has to be distinguished from:

1. Malignant disease. This may be very difficult. The chief points are that in cancer there is (1) more rapid emaciation; (2) pain, if present, usually more severe, and jaundice, when present, gradually becomes more intense than is even met with in cirrhosis; (3) in cirrhosis, history of alcohol or syphilis.

2. Chronic peritonitis with ascites, jaundice, and hematemesis absent.

I have seen a case of gall-stones mistaken for cirrhosis, with unfortunate result to the patient.

The diagnosis between alcoholic and syphilitic may be difficult. The history is important, as is evidence of syphilitic marks elsewhere. In case of doubt it is best, as I have said, to put the patient on mercury and iodide of potassium.

The *prognosis* is sometimes extremely difficult. It was formerly held that when cirrhosis was fully established—as shown by the evidence of ascites, jaundice, or hematemesis—the end would take place within a few months. There are, however, numerous cases on record which go to prove that this rule is by no means absolute. Cases have been quoted which show, at any rate, that after the onset of ascites a patient may go on living for years; sometimes after frequent tappings the ascites have disappeared altogether.

A man was admitted with alcoholic cirrhosis and ascites, for which he was tapped. He gave up alcohol after this, and lived for twelve years in good health. A great deal depends on the patient himself, and whether he can be persuaded to give up alcohol altogether.

The most hopeful cases are these: (1) Patients in whom the liver is large, not small; (2) who are under forty years of age; (3) whose general nutrition is good; and (4) whose condition is brought about by hard drinking, extending over a comparatively short period. I regard hematemesis as a very bad sign and it may be taken as a fact that when the patient has once had a bad attack, he probably will not live more than a couple of years.

Lately, it has been observed that in patients who were in the last stage of cirrhosis, the urine showed the diacetic-acid reaction—namely, on adding tincture of perchloride of iron, a red color was obtained. This may possibly be of importance from the point of view of prognosis.

Now as regards *treatment*:

In early cases, alcohol must be absolutely forbidden, and the point is, how are you going to make the patient give it up? I will not discuss the question of alcoholism, but it is most important, and, to my mind, does not receive the attention from the medical profession it deserves.

If the patient is still drinking when you see him, I would advise you to keep him in bed. If there is much sickness, he had better be on a milk diet; these patients generally take milk well, especially if it is diluted with soda-water.

For the morning nausea and craving for stimulant, I give a mixture containing bismuth. If there is constipation, a saline aperient, such as Carlsbad salts, or turpeth, may be given. In the cases that come to Harrogate, the dyspeptic symptoms are not so acute, and the form of treatment carried out may be summarized briefly as follows:

The patient is advised to stay in rooms or at a hydro, as it is obviously not desirable for him to stop at a hotel. Before breakfast each morning he goes to the pump room, and has two ten or twelve-ounce glasses of hot strong sulphur water, which generally causes a free evacuation of the bowels soon after breakfast. To quote from a recent work on Harrogate waters: "The patient may experience a sense of discomfort, but soon he feels the well-known twinge, and is seldom disappointed." Too brisk purgation must be avoided, and it is therefore advisable to keep the patient under observation while he is taking this water.

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Besides being an aperient, this water is also a powerful cholagogue. This has been definitely proved by Bain, who made an elaborate series of experiments with various drugs on a patient at Thomas' Hospital with a biliary fistula. He has kindly given me a copy of the results he obtained. The drugs and waters used included euonymin, iridin, salicylate of sodium, podophyllin, Carlsbad mineral water, and several of the Harrogate waters. He found that the Harrogate old sulphur water produced a more striking increase in both the quantity of bile secreted and in the bile solids than any other agent employed. Certainly a course of the spring is undoubtedly of benefit in cases of early cirrhosis. At the same time the patient has a course of one of the milder waters to flush out his kidneys, and he also has baths of various kinds, chiefly massage douche, baths, needle baths, and liver packs; the latter are poultices consisting of mustard and bran, and are found to be beneficial in these cases.

Late Stages.—You are now called upon to treat hematemesis and melena, diarrhea and ascites:

Hematemesis.—If severe, stop food by mouth. You may give, hypodermatically, morphia, adrenalin, and a mixture containing lead acetate and morphia.

Diarrhea and Melena.—Give bismuth with Dover's powder, starch and opium enema.

Ascites.—Early tapping is important. It is not a good thing to let the fluid accumulate until the patient can hardly breathe. The patient whom I saw this morning was tapped last Sunday, when the fluid was just beginning to cause her discomfort, and the tapping has afforded her great relief.

Tapping must be repeated, if necessary. As regards the question of opening the abdomen and producing adhesions between the liver and omentum and abdominal wall, there are many different opinions.

Some say that it should never be done, as the cases in which Nature has already done this are usually the most intractable, therefore why imitate her? Others say it should be done in practically every case of cirrhosis with recurrent ascites. Others, that it should only be done when the ascites is due to chronic peritonitis—that is, it should certainly not be done if there is jaundice and hematemesis.

I think if the patient is emaciated and feeble, and the *liver small*, it should not be done. If nutrition is good, the *liver large*, and the condition is due to hard drinking, extending only over a year or two, then if tapping fails to relieve the ascites, I think this operation (opening the abdomen and producing adhesions between liver and omentum and abdominal wall) may be tried.

And now a few words about Harrogate—the "Queen of the North," as it is commonly called. It is two hundred miles from London, but is within much easier reach of Liverpool and Holyhead. It stands on a high plateau amid beautiful Yorkshire scenery. The climate is dry and the air is wonderfully bracing and invigorating. The best months for a visit are June, July and August. It possesses more than eighty wells and springs—sulphurous, mild sulphurous, saline and pure chalybeate. They afford relief to sufferers from diseases of the liver, and are especially beneficial in gout, chronic rheumatism and arthritis, and in nervous exhaustion. The baths are the finest in Europe, and include Turkish baths, Russian baths, sulphur baths, douches of various kinds, Nauheim baths, peat baths, and practically hydro-therapeutic appliances of all kinds. The hotels are not only luxurious, but comfortable and homely. For those who are tired of hotel life, small furnished houses and apartments can be obtained even for short periods without difficulty and on reasonable terms. It is an admirable center for walking, bicycling and motoring, and many of the hotels keep coaches for the use of visitors. There is no more delightful or invigorating place in England.

Yesterday I wrote you in reference to the omission of the BRIEF. As I entered my office this morning my eyes were gladdened by the sight of it upon my desk. I can not run my office without it. I should be as lonesome as a bridegroom is without his bride. Long may it wave; the best, most comprehensive and concise medical journal that I have seen.—DANIEL W. DIMOCK, M. D., Brocton, Mass.

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[Written for the MEDICAL BRIEF.]

Notes on Some Remarkable British Cases of Criminal Poisoning.

F. J. WALDO, M. A., M. D., CANTAB., D. P. H.,
Barrister-at-Law; His Majesty's Coroner for the City of London and the Burrough of Southwark; Late Medical Officer of Health for the Parish of St. George-the-Martyr, and of the Middle and Inner Temples, Etc. London, England.

[No. 4.]

On the eighth of March, 1882, one of the most interesting poison cases of the century from the medico-legal point of view was tried at the Central Criminal Court, London, before Mr. Justice Hawkins. The trial lasted six days, and attracted a vast amount of attention in America as well as in the United Kingdom, owing to the fact that the accused, a surgeon named Lamson, was of American origin, and had spent a good deal of time in the United States. The murder was alleged to have been brought about by the administration of aconitia, or aconitine as it would be more correctly termed, an active alkaloidal principle of the plant *aconitum napellus*, or Monk's Hood.

The technical scientific difficulties in the proof of that particular charge were so great as to appear well nigh hopeless. The chemists had no definite chemical tests for the English alkaloid, and there was only one recorded case of aconitine poisoning to be found in medical literature.

In spite of these and other obstacles, however, the scientific witnesses succeeded in establishing beyond a doubt the presence of aconitine in the organs of the lad whose death was under investigation. The tests on which the analysis based their conclusions were: (1) The *taste* test, in which a peculiar tingling, burning and numbness, lasting several hours, is caused by placing a minute portion of aconitine on the tip of the tongue; (2) the *physiological* test. whereby the injection of a small quantity of the alkaloid beneath the skin of a mouse is followed by characteristic symptoms of aconite poisoning and speedy death. The scientific position with regard to the detection of this substance is admirably summarized by Browne & Stewart in the following sentence:* *"A substance, previously proved to be an alkaloid by its yielding precipitates with most of the general reagents for alkaloids, and which, when applied to the tongue and injected under the skin of a small animal, produces the effects already described, is absolutely certain to be aconitia."*

Fortunately, there was abundant moral and circumstantial evidence forthcoming, more than enough, in fact, to corroborate the scientific testimony.

The accused, George Henry Lamson, twenty-nine years of age, a surgeon, of American extraction, was indicted for the murder of his brother-in-law, Percy Malcolm John, a lad of about nineteen years of age, residing at a school in Wimbledon.

On December 3d, it was alleged by the prosecution, he went to Blenheim House, and induced deceased to swallow a dose of aconitine, from the effects of which the boy died some four hours later. Percy was the youngest child of a Manchester merchant. He had curvature of the spine and paralysis of the lower limbs, but otherwise was described as being in a fair state of health. He was able to move about readily enough in a wheel-chair, and could drag himself up a few stairs at a time backwards, and crawl up and down stairs.

At Blenheim House, his Wimbledon school, he had a wheel-chair on the ground floor, and another on the bedroom floor, and he managed to get himself from one floor to the other, although with great and increasing difficulty. Percy had five brothers and sisters, who became wards in chancery on the death of their mother in 1869. As they came of age or married, these children were entitled to equal shares in the property left by their parents, but in the event of death before attaining the age of twenty-one, the individual share involved went to the survivors. One of Percy's brothers and one sister died under age, and two sisters married, one of the latter being the wife of Lamson. The share of the two deceased children was divided at their death according to the terms of the will. By the marriage settlement made by Mrs. Lam-

*Trial for Murder by Poisoning. Browne & Stewart. Stevens, London, 1883. Page 574.

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son, the two sums thus accruing to her at once became the property of her husband. In this way it was shown that on the death of Herbert John, in 1879, the prisoner Lamson received £479 India stock, and £269 consols as his wife's share of that child's property. A still larger sum would come into his hands by the death under age of Percy John, to half of whose property he would be entitled. As a matter of fact, Percy had property in expectance to the amount of £3,000 at the time of his death. It is important to bear in mind the pecuniary advantage that would result to Lamson from the death of his brother-in-law, Percy.

Lamson professed to take the greatest interest in the poor lad's health. He visited the school, and in 1880, when in America, he sent a box of pills to Mr. Bedbrook, the master of the school at Wimbledon, with a letter, in which he said that "he had met someone in America suffering from the same complaint as the boy, who had derived great benefit from taking medicine similar to that now sent," and requesting Mr. Bedbrook "to see the boy take the medicine."

In the witness box, Mr. Bedbrook stated that he gave Percy one of the pills sent from America, and next morning he complained of being very unwell. "I thereupon took the pills downstairs," he added, "and until the box was found, was under the impression that I had thrown it away." This box was amongst the lad's belongings, and the pills were shown to be heavily charged with aconitia.

The previous life of the prisoner had been of an erratic nature. In 1869-70, Lamson was a medical student in Paris, and served in the American Ambulance during the famous siege of that city by the Germans in 1870-71. Subsequent to the trial it was stated by the American Minister that he was dismissed from that Ambulance on account of the reckless and apparent irresponsible way in which he administered medicines to those under his care.

In 1877 he acted as surgeon for the Red Cross Society at Bucharest, in the Servian war. He was stated by the same Minister to have been recalled to England by the Society because of his indiscriminate administration of aconitia to patients, and of his personal indulgence in morphine injections.

He married Percy John's sister in 1879, and soon afterwards set up in practice at Bournemouth, but in April of the following year we find him going for a six months' trip to America.

Early in 1881 he was obliged to sell his furniture, in order to pay an execution out of his house. He went to America twice in that year, the first time in the spring, and the second in September. He sailed on the 30th of August, and three days before that date he visited Percy at Shanklin, where the boy was staying with his other married sister, Mrs. Chapman. Lamson promised to return on the 29th, the day before he left England. Shortly before his death Percy stated that at Shanklin, presumably on the last mentioned date, Lamson gave him a pill, after which he was seized with a sickness like that which proved fatal at Blenheim House in the following December.

On the 17th of October, 1881, Lamson returned to England, and visited Ventnor, in the Isle of Wight, where he cashed a check that later was dishonored. At this time he was in great straits for money, as we find him, on November 24th, pawning his surgical instruments and watch, in order to lend £5 to an acquaintance. This point brings us to within a few days of the final tragedy on December 3d.

On the 1st of December, Lamson was staying at the Nelson Hotel, Portland Road, London. He was much in the company of a medical student named John Law Tulloch, who subsequently furnished important testimony. He stated that on the 2d of December he went to Wimbledon with Lamson, who left him at a public-house with the avowed object of visiting the schoolhouse to see Percy. He was informed by Lamson on returning that "he had seen his brother-in-law, who was much worse, and that he did not expect he would live long, and that he would not go on to Paris that night, as Mr. Bedbrook, who was a director of a continental line, had told him there was a bad boat on." This statement was shown to be a tissue of falsehoods. Lamson had not been to the school, and Mr. Bedbrook had nothing to do with any continental line. On their return to town, on the night of

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the 2d, they went to the theater, and late that night Tulloch got a check for £12 10s. cashed by a publican in St. John's Wood. This check was dishonored.

On the 3d of December, at five minutes to seven in the evening, Lamson came to Blenheim House. At his wish his brother-in-law was brought to see him in the dining-room. Mr. Bedbrook procured some wine for the prisoner, and also powdered white sugar, which Lamson asked for, in order, as he said, to correct the alcohol. The dramatic events of the rest of the interview may be best related by quoting the evidence of Mr. Bedbrook, who furnished a remarkably clear account of the whole circumstances. He deposed as follows:

"About a quarter past seven, the prisoner said to me, 'Oh, by the way, when I was in America, I thought of you and your boys, and I thought what excellent things these capsules would be for the boys to take nauseous medicines in.' He produced two boxes of capsules from his bag, and said, 'I should like you to try one to see how easily they can be swallowed.' I examined them, and put one in my mouth."

(The remainder of the original capsules were here produced.)

Witness, continuing, said, "I swallowed an empty capsule, and it was very easy to swallow. The prisoner took the lids off both boxes. While I was examining a capsule, the prisoner was filling another with sugar, with a little spade spoon. He then, having apparently filled it with sugar, said, 'If you shake it, the medicine will come down to one end.' He then handed the capsule to the boy, Percy John, who was sitting on his right, about a yard from him. In doing so, he said, 'Here, Percy, you are a swell pill-taker; take this, and show Mr. Bedbrook how easy it is to swallow.' Percy John then put the capsule in his mouth as far back as he could, and at one gulp it was gone. I remarked to him, 'That is soon gone, my boy.' The prisoner then said, 'I must be going now,' and I then looked at the time-table to see the next train for London.

"It was then 7:20, or thereabouts, and I told him the next train left at 7:21, and advised him to go at once, or else he would miss his train. Previous to that I had asked him to remain a little longer, until the 7:50 train. He said, 'I can not, as I have to catch a train at eight o'clock at London Bridge, *en route* for the continent.' He said he was going to Florence via Paris. Passing through the drawing-room I remarked to him that I thought the curvature of the spine of deceased was getting worse. He observed on that occasion that he did not think the boy would last long. I did not make any reply to that. He then left the house at about twenty-one or twenty-two minutes past seven o'clock. He left behind two boxes of capsules. I placed them on the dining-room wagon."

Question. "From the time Percy John had swallowed the capsule, how many minutes elapsed before prisoner said 'I must be going now?'"

Answer. "He said it within five minutes. After the prisoner left the house I returned to the dining-room, where Percy John was. When I got back deceased said, 'I feel as if I had an attack of heartburn.' I think after that I returned to my guests. He was reading the newspapers."

Counsel for the Defence, Mr. Montague Williams, objected to the statements of deceased being put in evidence.

The Judge said that evidence as to symptoms could be received when made by deceased.

Examination continued. "I returned to him in five minutes. He said, 'I feel as I felt when my brother-in-law had given me a quinine pill at Shanklin.' He said he would like to go to bed. I gave orders that he should go to bed. Mr. Bell carried him upstairs."

The Judge. "At what time was this?"

Answer. "Between eight and nine."

After being carried upstairs the poor lad became violently sick. Dr. Berry was sent for, and on his arrival, at five minutes to nine, found the boy in bed, partly undressed, and suffering great pain. He administered various remedies, and called in another medical man who happened to be in the house. They injected, hypodermatically, a quarter of a grain of morphia. A little before eleven o'clock the deceased asked to have morphia injected again, and one-sixth of a grain was given. He died at twenty minutes past

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eleven, within four hours of swallowing the capsule. In the opinion of the medical attendants, death was due to an irritant poison.

Post-mortem. All the organs of the body were more or less congested, notably the liver, kidneys and spleen. The stomach was congested throughout, and several small, yellowish-gray patches at both ends of the viscus pointed to acute inflammation. There was nothing found in the *post-mortem* examination to account for death from natural causes.

The most important scientific evidence was that of Dr. (now Sir Thomas) Stevenson, Lecturer on Medical Jurisprudence at Guy's Hospital. He found, working with Doctor Dupré, the alkaloid aconitia in the contents of the stomach, in the urine, in the matter vomited before death (to the extent of not less than one-seventh, and not more than one-fourth of a grain), in one of the quinine powders, and in two out of six pills. The alkaloid was extracted by Star's process, and tested by taste and by experiments on mice.

The fatal dose was given as not less than one-twenty-first, and not more than one-thirteenth of a grain. Out of fifty or eighty alkaloids in his possession, Dr. Stevenson stated he had tasted most of them, and not one of them had a similar effect in producing a peculiar burning sensation, extending downward towards the stomach, except aconitia.

The defence suggested that the alkaloids obtained from the body were cadaveric alkaloids, but the judge pointed out that such substances were not shown to be fatal, nor did they possess the bitter taste of aconitine.

Several purchases of aconitine were traced to the prisoner during the four months preceding the death on December 3, 1881. Thus, on the 28th of August of that year he purchased two grains of aconitine of Mr. C. H. Smith, a chemist at Ventnor, who knew him as a medical man.

On the 20th of November he attempted to buy a grain of aconitine at Messrs. Bell & Co., of Oxford Street, London, but was advised to procure it where he was better known.

On the 24th of November he obtained two grains of aconitine from Messrs. Allen & Hanbury's, of Plough Court, Lombard Street, London. on the strength of his representing himself as a medical man, and of his name being found in the *Medical Directory*.

On the 7th of December, Lamson went to Scotland Yard, and was taken into custody on the charge of murder. He stated that he had returned to London that morning, having seen his name in the Paris newspapers in connection with the death at Wimbledon.

The whole case was ably and impartially summed up by the judge. Amongst other points, he alluded to the sending of pills from America as showing that if the prisoner intended to poison the boy he had entertained that design long before the fatal 3d of December. In the early part of 1881 he sent over a tin box of pills from America. After the death, two pills, one of them containing aconitine, were found in a tin box in the boy's play-box. In the month of August, again he saw the lad shortly before sailing again to America on the 30th. On the 28th, Lamson bought a grain of aconitia from a chemist at Shanklin, and on the 29th Percy John was ill.

The prosecution suggested that aconitine had been administered on that occasion, and that it came from powders in a box. In the boy's bed-room, out of a number of quinine powders, three contained aconitine.

The jury, after an absence of less than three-quarters of an hour, returned a verdict of "guilty," and the learned judge pronounced sentence of death. Lamson was executed some six weeks later, on the 28th of April, 1882.

Shortly after the conviction of the prisoner, the American Minister, Mr. Lowell, requested the English Home Secretary to suspend the execution, pending an official statement from the United States Attorney-General bearing on the state of mind of the prisoner. The affidavits forwarded were not considered to furnish sufficient grounds for a respite, nor was the opinion of Sir William Harcourt, the Home Secretary, more favorably influenced by a second batch of evidence from the same quarter.

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The American evidence covered the whole of Lamson's career, from his medical studentship in Paris to his trial, It sought to establish a plea of insanity on the grounds of heredity, of morphia taking, and of irrational acts on the part of the convict. It stated that his grandmother had been in New York Bloomingdale Asylum from the age of seventy-six until her death, four years later, from "senile dementia," while her brother was still in the same asylum as a dement, and her daughter died, at thirty-four, after three years' residence in the same institution. It was clearly shown that for many years, since 1877, he had been addicted to the excessive use of morphine injections.

The appeal for a scientific investigation into the mental state of Lamson was not supported by any direct evidence of insanity. On the other hand we have the facts that he had already received a large sum of money at the death of a brother of Percy John, and that he would be entitled to a still larger sum at Percy's death. We have also the history of severe pecuniary embarrassment. We find, moreover, clear evidence of prolonged premeditation, and of successive attempts before the final act of murder. Sustained craftiness of that kind is inconsistent with the irresponsible and motiveless actions of the homicidal maniac.

Many cases of poisoning by aconite have been recorded. The only published case of poisoning by aconitine, referred to by Dr. Stevenson, is in Schmidt's *Jahrbücher der In- und Austaündischen-gesammten Medicin*, edited by Dr. Adolf Winter, Vol. 189, p. 122. It was originally communicated by T. Haakma Trestling to a Dutch journal (*Weekblatt van het Nederl. Tijdschr. voor Genesk*, 16, 1880). In that case, Dr. M. ordered a patient small and repeated doses of aconitia. The patient complained of burning sensation, vomiting and impeded respiration. In order to show that these effects were not due to the medicine, Dr. M. took a dose equivalent to one-sixteenth of a grain of aconitine. Nine hours later he died. His symptoms were carefully noted. After death, much congestion of the internal organs was noted.

Aconitine is one of the most powerful poisons known to toxicologists. Its medicinal dose is one two-hundred-and-fortieth of a grain, carefully increased to one-sixtieth grain. Under these circumstances it is hardly surprising that the internal use of this remedy has been practically abandoned. Nor is its external use much to be commended, when we recall the case with which many kindred substances are absorbed into the system. It is a curious commentary on the anomalies of the British Acts passed to regulate the sale of poisons that aconitia can be sold wholesale to all comers under the guise of a patent medicine, if protected by a government stamp. As a matter of fact, this dangerous alkaloid has been sold far and wide, in a nostrum advertised to cure neuralgia.

Another curious anomaly is that under the Vivisection Acts of this country it was illegal to test the suspected aconitine on mice. The experiments were, therefore, conducted on the continent.

In the course of the trial it was stated in evidence that aconitine was never prescribed in medicine. Doctor Murrell, the then Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, took exception to the statement, and in a letter to the *British Medical Journal* (April 15, 1882) showed that there was a considerable demand for it professionally, both for internal and external use. The error was unfortunate although there is no reason to think that it in any way influenced the verdict of the jury. The controversy attracted some attention at the time.

I enclose one dollar for BRIEF for 1904. I am well pleased with the BRIEF—medical and political. Let us look wisely to our interest and we will be bettered thereby. I am pleased with the BRIEF to such an extent, that although now in my seventy-sixth year, and can not do active practice, I still do some. I wish to keep in touch with the best thought of the profession. I see, as you say, a great many things written in medical journals that are of no value. We want facts and progress. We want no fads.—Yours truly, V. J. PALMER, M. D., Polkville, N. C.

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[Written for the MEDICAL BRIEF.]

The Physiological Action and Therapeutic Uses of the Salts of Barium.

BY C. D. F. PHILLIPS, M. D., LL. D. (EDIN.), LL. D. (ABERD.), F. R. S. AND F. R. C. S. (EDIN.),

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It is a curious circumstance that although the salts of barium have a very characteristic pharmacological action, they are but rarely prescribed, and their very existence is ignored by many writers on therapeutics.

The barium compounds belong to the same group as lime, digitalis and strophanthus, and have every claim, as will be presently shown, to be regarded as cardiac tonics.

The most convenient salt of barium for internal administration is the barium chloride. It is mentioned in the British Pharmacopeia of 1898, but only as a test, and is described as follows:

Colorless crystals, $BaCl_2 2H_2O$. Its solution should not give a precipitate with solution of ammonia hydro-sulphide, and no residue should remain after adding excess of diluted sulphuric acid, filtering and evaporating the filtrate to dryness in a platinum dish. Barium nitrate, $Ba2NO_3$, or barium acetate $(CH_3COO)_2Ba$, may be used in place of barium chloride, but each must respond to the foregoing tests.

The dose is usually said to be from one-half to two grains, but this I regard as too high, at all events to begin with, and I am satisfied that from one-sixteenth to one-twelfth grain three or four times a day is safer and more suitable. As it is soluble in water, there is no difficulty in prescribing it either in the form of a pilule or in a mixture.

The carbonate of barium is a white insoluble powder. The sulphide of barium is also a white powder, but is soluble in water; it is luminous in the dark.

The chloride is sometimes found in natural waters; for example, there is a spring near Shrewsbury, England, which contains sixteen grains in the gallon, and in the waters at various collieries, amounts varying from nine to ninety-six grains per gallon have been met with.

Llangammarch, in Breconshire, Wales, five and a half hours from London, has a spring which contains chloride of barium. Its composition is, per litre: sodium chloride, 2.6 grammes; calcium chloride, 1.2; magnesium chloride, 0.3; barium chloride 0.096. The water is said to have a marked influence in the excretion of uric acid. Cases of cardiac dilatation are treated there with gaseous saline baths.

There is abundant evidence to show that some, at all events, of the salts of barium are absorbed, and are capable of producing marked physiological effects.

The chloride has been taken by mistake for epsom salts, and the nitrate for sulphur. Murrell sums up the symptoms of a toxic or lethal dose as follows: "Pain in stomach and bowels, purging, vomiting, face anxious, pulse feeble, breathing short and labored. There may be giddiness, cramp, paralysis and convulsions, collapse ensues, and may be followed by death."

Orfila detected the chloride of barium in the liver, spleen, and kidneys of animals poisoned by it. Neumann made numerous observations on this subject, and after injecting sulphate of baryta into the veins of animals, he searched for it in the urine, and also in the blood some hours afterwards, but without detecting it. It was, however, found deposited in the liver, spleen, kidney, and bone. When the chloride of barium was given in the same manner, the greater part passed by the bowel, but some was found in the urine and saliva, as well as deposited in bone. He concluded that the drug was not easily eliminated.

The following is a summary of the pharmacological action of salts of barium:

Small doses (one-twelfth to one-eighth grain) of the chloride exert a stimulant effect on the stomach, increase the appetite, and produce loose stools. Larger doses prove irritant or caustic; three grains taken several times daily soon induce a sense of pressure at the epigastrium, nausea, vomiting and purging, with faintness. Doctor John V. Shoemaker refers to a death from two and one-half grains taken in daily doses of one-fourth grain, but this must be excep-

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tional. The minimum fatal dose is commonly put at one drachm, which, in one case, caused much vomiting and purging, and death in convulsions in seventeen hours. Two and a half drachms were given to a girl by mistake for Carlsbad salts exciting vomiting in twenty minutes and causing death in four and a half hours. Half an ounce produced similar irritant symptoms, and death in two hours; evidence of severe gastro-intestinal inflammation was found. The nitrate and acetate of barium have also caused death, and the carbonate is commonly used as a poison for rats and mice. Although one teaspoonful of this salt has destroyed life larger doses have been taken without fatal results.

Since strontium salts have been used in medicine, the amount of barium contained in them has become an important consideration. It has been estimated as not more than one in one-thousand, which would be well under an injurious dose.

The nervous symptoms caused by toxic doses of barium compounds are clonic convulsions and motor paralysis, with impairment of reflex excitability, fibrillary contraction and muscular cramps. From the slow respiration observed in cases of poisoning, it has been concluded that the vagi are paralyzed. According to Cyon, the lesion is central, for even in advanced poisoning the muscular irritability and the sensibility of the peripheral nerves remain intact. Severe pains in the head, throbbing in the temples, giddiness, dimness of sight, double vision, deafness and tinnitus have been experienced; also muscular cramp, especially in the legs.

The chief and most characteristic action of barium is on the heart and blood vessels.

The heart's action is at first stimulated, afterwards quickly and powerfully depressed by full doses of barium compounds, then, after some palpitation, the pulse becomes irregular, feeble, or imperceptible, and the surface cold and pale. Small doses raise blood pressure, while large doses cause a transient rise, succeeded by a fall, or from the first a sudden fall, according to the dose given. Voluntary muscles in frogs were apparently stimulated, and twitched for a long time after death. Boehm concludes that the action is very similar to that of digitalis. I can confirm this statement, for I have many tracings showing its action, in most of which its striking similarity to calcium and digitalis is distinctly demonstrated.

In some experiments with Roy's tonometer, it was found that one hundred c.c. of saline solution, containing two c.c. of a one per cent solution of chloride of barium, produced in the ventricle of the frog's heart fusion and tonic contraction, the ventricle speedily passing into a condition of tetanus. In its action on the heart, barium is very like calcium and strontium but it accelerates the beats much more than do either of these substances.

Onsum suggests that barium compounds cause embolism by precipitation of the sulphates of the blood, but this I can not accept.

Ringer and Murrell have also pointed out the great similarity of the effect of barium compounds and of digitalis on the frog's heart: the pulse is slowed, and the heart finally stops in systole; the blood-pressure is raised, probably from the direct action of the metal on the muscular tissues of the vessels; these actions take place independently of the nervous system. This is quite in accord with my own observations.

We have no clear evidence of the effect of barium on the lymphatic system, but it is presumed to exert some absorptive "deobstruent" power on inflamed or thickened lymphatic glands. Small doses increase the secretion of urine and of perspiration.

The therapeutical uses of the barium salts, although not numerous, are well marked, the chief sphere of action being as a cardiac tonic.

Doctor McCall Anderson, of Glasgow, recommends sulphide of barium for removing surplus hair, one part being made into a paste, with four parts of zinc oxide and a little water; this should be left on the part for about three minutes, and then washed off. It should be prepared only as required for use. It may be made stronger (one to three parts)

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with a little starch added, and left on from five to ten minutes.

Barium chloride was introduced many years ago as effective in scrofulous and syphilitic dyscrasiæ, and in white swelling, etc. Lisfranc and Torget used it in such cases, and in glandular tumors, and reported much advantage from it; the former began with one-eighth grain every hour, and increased the dose to much larger quantities than I should consider safe (forty grains). In a child, many glandular tumors subsided under a month's treatment, but frictions with potassium iodide were used at the same time. Some have recommended barium chloride as superior to iodine in cases marked by pallor, languid circulation, and irritable mucous membranes. Mr. Balman used it in chlorotic and cachetic states generally.

Many cases of successful treatment of scrofulous joint disease, of ophthalmia and of enlarged glands by barium chloride (one-twelfth grain doses) were recorded some years ago. Thorne records cases of glandular disease, of anemia, and of cardiac dilatation benefited by Llangammarch water, and George remarks on the constant association of barium with calcium chloride.

I have for many years used barium chloride as a substitute for digitalis in cardiac disease, and like it; it has acted especially well in cases of dilatation with mitral disease and cardiac dropsy. I only prescribed one-fortieth grain, three times daily.

Da Costa praises it highly in restoring compensation and lessening cardiac pain; he gives one-tenth grain in pill three or four times daily for three weeks.

Larger doses may be given but tend to cause diarrhea.

Hare finds that it slows and steadies the heart, that it acts as rapidly as digitalis, and does not disorder the stomach. Small doses, one-half grain to one drachm of a one per cent solution, do good in mitral incompetence and acute dilatation. Doctor Carpenter agrees as to its value, but advises caution, for a patient, aged thirty-one, having taken one and one-half grains three times, was attacked with symptoms of gastro-enteritis and collapse. He recommends as a dose, one-half drachm of a one per cent solution, gradually increased to two drachms.

Flint, considering that it gives tone to the vascular wall, used it in a case of fusiform aneurism of the abdominal aorta in doses of one-fifth grain thrice daily; within a fortnight improvement ensued, and in five months cure was complete. Prolonged rest and rigid dietetic treatment were used at the same time.

It will be seen that although barium has a limited range of action, the indications for its employment are clear and precise, and it is probable that with increased experience and the record of clinical cases, its sphere of usefulness will become more accurately defined.

[Written for the MEDICAL BRIEF.]

Gout, Rheumatism and Fibrositis, or So-Called Muscular Rheumatism.

BY WM. HANNA THOMSON, M. D., LL. D.,

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The functions of joints are so simple and uniform, that all inflammatory conditions in or about them will produce much the same symptoms, whatever the cause of the inflammation be. But when the causes differ, the resulting diseases must likewise differ from each other. Typhoid fever and malarial fever are often so similar in their symptoms that they easily may be mistaken for each other, but if an examination of the blood shows which is which, there would then be no excuse for the treatment continuing just the same because their symptoms were so much the same. The therapeutics which take no account of etiology is not worthy of the name.

I propose, therefore, to discuss the pathology of the three common and important affections, gout, rheumatism and fibrositis, or so-called muscular rheumatism, because while they are so distinct from each other, from their causes being distinct, they are nevertheless very commonly confounded together simply owing

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to the pain on movement, which they equally occasion in joints or muscles.

We might profitably consider three other affections also, namely, gonorrheal rheumatism, the so-called rheumatism following exposure of a wet skin to chill, and rheumatoid arthritis, three as separate affections from each other as any of the rest, with corresponding differences in the indications for treatment, but want of space forbids us to do so. The recurrence of the rheumatic adjective, however, in these designations illustrates the difficulty of disassociating the original conception of rheumatism from any disorder accompanied by pain on movement. But a careful discrimination of all the factors of causation in them clearly reveals the disadvantage of labeling with the same descriptive term diseases so essentially unlike in nature.

The first of these affections I had occasion recently to discuss at a prominent medical society, the subject being announced on the card as a "Symposium on Uric Acid." From the fact of such a symposium, it readily might be inferred that physicians regard uric acid as a disease. The laity, in fact, have come to consider it so, and we need only tell a patient that he has uric acid, to make him very anxious to have something done for it. So prevalent is this notion, both in and out of the profession, that I have received copies of a professed medical journal, which goes by the name of the *Uric Acid Monthly*. It is time that this error be corrected once for all, but on account of its persistency in some quarters I would briefly show the reasons for its untenableness.

In the first place, it is a curious commentary on this conception of the pathological nature of uric acid, that just as urea is the normal final product of retrograde proteid metabolism in man, in reptiles and in birds it is not urea, but this same uric acid. If, in mammals, uric acid be injected into the portal vein, it is transformed while passing through the liver into urea. But in birds, if urea be so injected, the urea is changed into uric acid. A man once came into my office, saying that everything he ate turned into uric acid, and that he was always chuck full of it. I was tempted to remark that in that case he must be a goose.

Now, this fact in nature gives an entirely different complexion to uric acid than that of being itself a sign of disease, like albuminuria or glycosuria. Nothing could be healthier than plenty of uric acid in a bird. Why it is not so in us must be due, therefore, to something else than uric acid as such, and it is these other distinct factors which associate uric acid in man with bodily disorder, which we should specially search for.

Meantime, this same fact in nature disposes also of another theory, which is that uric acid is due to deficient oxidation of urea, and, therefore, that we should combat it by measures which make oxidation more active. But in birds, the processes of oxidation are a great deal more active than in man. In the body of a flying sea gull, compared weight for weight with the body of one of our beer drinkers sitting at his desk, the processes of oxidation in the gull are at least five times more rapid; and yet some suppose that beer drinking and sedentary habits lead to excess of uric acid from interference with free oxidation.

On the other hand, certain facts indicate that uric acid may be quite helpful to the body, in the fashion that some by-products in manufacturing prove to be themselves of value. Thus the alkaloid caffeine is widely distributed in the vegetable kingdom, as the active principle of coffee, tea, chocolate, Paraguay tea, etc., and wherever it exists in plants men have made beverages out of them. But caffeine might be termed vegetable uric acid, for it belongs to the xanthine group, out of which uric acid may be synthetically made. Dr. George Oliver, in his recent important lectures on the "Tissue Lymph Circulation" (*Lancet*, April 30, May 7, 1904), shows tables of results on the flow of tissue lymph, first by withholding, and then by adding to meals of ordinary food stuffs, definite quantities of uric acid, xanthine and meat extracts, which prove that "these bodies perform an important function in nutrition, for during digestion they act as distributors of lymph to all the tissues, an office which the nutrient constituents themselves (proteids, fats and carbohydrates)

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are incapable of discharging. Nature with wise intent has widely distributed these active chemical agents through most of our food stuffs, and beverages, thus turning even her waste products to the best account."

That uric acid has some intimate relation to the production of gout is unquestionable, but the problem to investigate is, what element, or elements, plus uric acid, are necessary to cause gout. In disease, the greatest excretion of uric acid in the urine is not in gout, but in leukemia, which malady is as different from gout as can well be imagined. Again, uric acid is directly responsible for most attacks of urinary gravel and calculi, but this is not primarily due to too much uric acid but to excess of acid phosphates making the urine too acid to hold the uric acid in solution, so that it is precipitated in the urinary passages. Otherwise, the majority of patients with gravel never have either gouty arthritis, nor the systemic or vascular accompaniments of gout, as, for example, in children who often are subject to uric acid gravel.

Examination of the processes in gout itself show that it is the most chemical, so to speak, of all diseases, in its nature. All its derangements, varied as they are, are explicable by the one common factor of the precipitation in the tissues of the fine needle-like crystals of the insoluble salt, sodium biuret, which then acts as a mechanical irritant. How this biuret comes into existence has been traced, especially by Sir William Roberts, as follows: "Uric acid itself does not circulate in the blood in a free state, but normally only as a soluble quadriurate of some base. In normal urine, uric acid is always present in the form of a quadriurate of sodium, potassium or ammonia. The quadriurate is an unstable salt, and in the presence of 0.7 per cent solution of sodium chloride, as this exists in blood serum or lymph, it becomes soon converted into the more stable and much less soluble biuret. In health, the quadriurate is too soon removed to be converted. Evidently, therefore, in gout something delays its excretion long enough for it to be changed by the sodium in lymph, etc., to biuret; and this occurs in those tissues which have the greatest proportion of sodium salts. Thus in the synovial fluid the percentage of sodium salts is 0.80, in cartilage 0.90, in fibrous tissues 0.70, while in brain it is only 0.20, in muscle 0.08, in the spleen 0.04, and in the liver 0.02. Gouty deposits, therefore, occur accordingly first when there is most concentrated synovia, then in cartilage and fibrous tissues, but not in tissues poor in salts. Meantime, the general locking up of uric acid in the insoluble biuret prevents the kidneys from excreting it in its normal amount, so that as Garrod has shown, deficiency of uric acid in the urine is a continuous feature in gouty persons during the intervals between the attacks. The accumulation of uric acid in the blood, therefore, is from no fault of the kidneys, on the one hand, while kidney disease, on the other, if unconnected with gout, causes no appreciable retention of uric acid.

What it is which generally delays the removal of quadriurate from the blood until it becomes the troublesome biuret is quite demonstrable, though how it does so is quite another and a difficult question. The reason why the particular offender is so discoverable lies in the fact that gout is endemic. It does not prevail everywhere, like other disorders of metabolism, diabetes, for instance, but only where fermented liquors are extensively used. The decisive significance of this fact is often overlooked, or it is wrongly stated that alcoholic liquors as such dispose to gout. The error of this statement is proved on a very large scale by whole countries and peoples. Thus, formerly, whisky was the national drink of Americans and gout then was an uncommon disorder, except among farmers who drank largely of cider.

I remember also the time when in New York gout was an aristocratic disease, because it affected only those who indulged in such expensive imported wines as madeira and port. Now, that lager beer has so largely displaced whisky in our community, gout has become a very plebeian affection.

In our Western States, so long as whisky was the common alcoholic beverage, gout was practically unknown, as it is still in the Carolinas and in Arkan-

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sas. Another striking illustration is found in the British Isles. In England, strong beers and ales are so generally used by all classes that English physicians scarcely can keep from including gout as an etiological factor in every variety of disease. Scotland, on the other hand, has been charged with being the most drunken country of Europe, except Sweden. But the Scotch imbibe whisky, and gout is remarkably less prevalent there than in England. Again, in Mohammedan countries, where all wines are prohibited by the Koran, gout is unknown. As Sir Alfred Garrod remarks: "There is no truth in medicine better established than the fact that the use of fermented liquors is the most powerful of all the predisposing causes of gout; nay, so powerful, that it may be a question whether gout would ever have been known to mankind had such beverages not been indulged in."

The fact that it is fermented, and not spirituous liquors which cause gout seems to indicate that something produced by the yeast ferment is responsible for the deranged metabolism in the liver which leads to the disorder and which substance is destroyed in the processes of distillation of spirits. As regards all processes of metabolism, however, our ignorance is much more than our knowledge, and doubtless gout owns more than one origin, for lead-poisoning also causes gout.

Saturnine gout occurs particularly among those who work in lead, as painters, etc., but Dr. George Oliver, in his article in Allbutt's "System of Medicine," claims that it is much more prevalent among workmen who are beer drinkers than others. While this may be so, yet I have met with it in patients with plumbism who never used fermented liquors, and when the poisoning has been traced to drinking water from lead pipes, the general systemic effects of gout are often more pronounced than the joint symptoms. Gout also occasionally develops sporadically in persons whose history gives no clue to its causation.

Such instances of this disorder, however, do not invalidate the conclusion derived from facts on such a large scale above mentioned, that gout is a derangement of metabolism caused in the great majority of cases by drinking wines, beers, cider, and other first products of the change caused in sugars by the yeast plant. Partaking too freely of a meat diet is alleged to produce gout, but like sedentary habits, it can only rank as a contributory cause, since whole classes of great meat eaters in different countries remain free from gout as long as they do not use fermented liquors.

When once the metabolic processes, whatever they are, fully learn the gouty habit, it seems as if they can not break themselves of it. Persons who at any time have become gouty from indulgence in fermented liquors, have repeated returns of their enemy afterwards, however carefully they abstain from such drinks, while many become so sensitive to attacks that a single glass of champagne will soon give them news of its arrival in toes or fingers, by the prickling in them which it occasions.

The most extraordinary property of gout, however, is its proneness to become hereditary, more so than any other known disease except syphilis. Thus, due to heredity it will attack women who have been total abstainers all their lives from alcoholic drinks, as well as from dietary excesses of all kinds. This well-established fact seems to militate against Weissman's doctrine that acquired characters can not be transmitted.

True rheumatism, on the other hand, is caused by a specific bacterial infection, and, therefore, is as different from gout as it well can be. Hence, rheumatism can never become gout, nor gout become rheumatism. Such a hybrid as "rheumatic gout," therefore, can not exist, any more than a mineral can become a vegetable, for the cause of gout is chemical and the cause of rheumatism is a living organism. That a patient, especially if he lives in England, can have both rheumatism and gout is possible, just as he can have both hemiplegia and pneumonia, but co-existence of diseases does not affect their nature, however it may affect their course.

The essential difference between these two diseases, owing to their wholly diverse origin, becomes plainly manifest when, without reference to the joint

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structures, attention is directed to the general systemic lesions which accompanies them respectively. Gout charges the blood with an insoluble ingredient, which then irritates the arterioles and capillaries, and thus at once gives rise to an over full artery, and to a high tension pulse. But rheumatism generates a perfect soluble toxin, so that the pulse is characteristically soft and of low tension, like the pulse of phthisis. This marked contrast in the quality of the pulse is often enough by itself to suggest whether a case of arthritis be due to gout or to rheumatism. Due also to the high tension which it occasions, chronic gout leads to chronic endarteritis and degenerative changes in the blood vessels, including the intima of the veins, rendering these latter liable to thrombosis and phlebitis.

Moreover, unlike rheumatism, gout attacks the kidneys, depositing in them its uratic crystals, and thus adding another cause for increased pulse tension and vascular disease, with consequent danger to the heart of becoming, from the general ischemia, hypertrophied and dilated, and with danger also in the brain of hemiplegia or apoplexy.

Rheumatism, on the other hand, produces no general vascular disease. Its toxin rather inflames the endocardium, and what should always be remembered, in acute attacks it produces a specific softening of the heart muscle itself, quite independent of endocarditis. In addition, the rheumatic poison is prone to inflame serous membranes, such as the pericardium and pleura which gout does not, and it is doubtless to a form of its specific irritation that chorea owes its most common origin. Another peculiarity of rheumatism is the anemia which its toxin directly induces and which is peculiar to it, for nothing counteracts it so long as its poison circulates in the blood.

(To be continued.)

Please find enclosed P. O. money order for one dollar for which please send me the MEDICAL BRIEF. I should like to receive the BRIEF again as I enjoy it very much and it has been a great help to me. —C. J. CHAMPION, M. D., Redlands, Cal.

[Written for the MEDICAL BRIEF.]

A Plea for the Specialist.

BY O. LE GRAND SUGGETT, M. D.,

Professor of Syphilology, Barnes Medical College; Consultant in Genito-Urinary Surgery and Venereal Diseases, to City and Female Hospitals, Centenary and Woman's Hospital of Missouri; Member St. Louis Medical Society, Missouri State Medical Association, American Medical Association. St. Louis Mo.

The treatment of syphilis may be compared in a certain way with the care of obstetric cases. It is not difficult, but comparatively simple, when all conditions are favorable and everything moves along smoothly, a normal confinement or a "normal" syphilis; but how different is the state of affairs under reversed circumstances. Either of the first mentioned cases may be conducted to a successful termination by the average general practitioner, and in the case of the childbirth by the uneducated, even ignorant, midwife or the "grannie" of the rural districts; but when "things go wrong" and accidents and emergencies arise, you want some one who "understands his business," and you want him badly and quickly. Here the obstetrician, in the one instance, and the specialist in the other, fill their respective offices; here the specialist in either branch is privileged to render the service for which his extensive study and reading and accumulated experience in his chosen field have eminently fitted him. But rather than await an emergency necessitating a demand upon his services, better still, assign or refer the cases to him from the beginning, permitting him to utilize and exercise his special knowledge upon the subject in preventing, perhaps, these accidents, rather than correcting them after the damage, sometimes irreparable, has been done.

Should not the woman enceinte, at the earliest possible moment following conception, come under the observation and care of the obstetrician, whom she expects to deliver her, that he may guide her through her period of gestation and prepare her for an easier delivery than could be possible were he called at the last moment? Will not his enlarged experience with such cases, and the opportunity

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afforded for observing his case in hand and recognizing as they arise her special requirements, more certainly fit him for that important duty? If, in addition to limiting his practice to this class of work, he is fortunate enough to have been selected by the faculty to lecture upon and teach his favorite and chosen branch in some medical college, enjoying thereby the privilege (and pleasure) of lecturing weekly upon the obstetric art and science to a body of medical students ever on the alert for a false or erroneous precept, men who have in many instances taken their previous courses of lectures in other colleges all over the country, thereby having broadened their views through having attended the lectures of other eminent specialists in these various institutions, has he not, with the additional hospital and clinic experience such a position affords him, a clearer, larger and better understanding of the work he teaches and practices? Who, that has ever witnessed the perplexing and dangerous complications and emergencies of the child-bed, can deny the value of the counsel and assistance of such a man? And is he not entitled to a fee commensurate with the services he is enabled to render? The fact that larger fees than the general practitioner is accustomed to charging are willingly paid attests the appreciation of his valued services. I have practiced medicine in a community where the customary confinement fee was $7.50, whilst many of our experienced and skilled accoucheurs receive the appropriate sums of from $50 to $250, to which they are justly entitled. So much in justification for this laborer in this especial and particular field. All other limitists are entitled to the same consideration. He whose special scientific study at home and abroad has familiarized him with the physiological chemistry involved in the intricate function of digestion and assimilation, and has pursued this work in its minutest details in the physiological and experimental laboratory, and clinic as well, is properly entitled to proclaim his superior qualifications in the treatment of diseases of the digestive organs, and you or I would be the first ones to consult him were our own royal chylopoietic system and its accessories deranged.

A specialist is merely an expert (or should be) in the understanding and management of every phase and detail of the work he has chosen and professes. That this is an age of division of work, with the resulting perfection of each subdivision, is plainly seen. This is true of all the arts and sciences and medicine and surgery are no exception. True of industrial arts, liberal arts, fine arts, etc., and it is through the harmonious working of these units that an otherwise impossible grand total is resultant.

Concerning specialism in medicine, my esteemed and revered friend, the late Dr. Louis Bauer, whose untiring work in the field of orthopedic surgery has inseparably linked his name with that specialty as early as 1863, in his lectures had to say:

"In the United States the historical records of orthopedy are not as favorable. Its advancement has met with serious obstacles on the part of the profession, and all attempts at cultivating it as a specialty have, as specialities in general, been frowned down as the pretences of quackery.

* * * * * *

"The objections of the profession to specialties are based partly on wrong premises, partly on mere notions. The country abounds with quacks and pretenders, who victimize and fleece the community at a fearful rate. There is no law to arrest their illegitimate invasion of the professional domain. They presume with impunity on the honorably acquired character of the profession, and unscrupulously over-ride all boundaries of decency and honesty. They gather around themselves sufferers by the hundred, and are inexhaustible in their promises and schemes to delude the ignorant and credulous portion of the community. What medical art is impotent to achieve the quacks arrogantly claim as their divine secret. Divination is their claimed inheritance, from which the profession is obviously excluded, and Newton is the great redeemer of afflicted humanity. The fraudulent practices of imposters prove certainly nothing against the scientific and practical pursuits of specialties.

"It surely does not follow that specialties would undergo the same degeneration

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from their honest course, and culminate in pretentious quackery! In Europe this has not been the case, and the few specialties which have been fostered in our midst have certainly given no just cause for apprehensions of this kind.

"On the other hand, competent and unbiased judges can not hesitate to admit that the rapid advancement of medical science and art during the present century is in a great measure owing to the division of labor. Without the special investigation of Laennec, Skoda and Traube, our knowledge of the diseases of the lungs and heart would be in its infancy. Cramer has almost entirely created anew the pathology of the hearing apparatus. Von Graefe is assiduously at work to reconstruct ophthalmology on a rational foundation, and for that Augean labor he certainly deserves commendation and support. And must I remind you of the ingenious improvements our distinguished countryman, Dr. Marion Sims, has wrought in one of the most fearful defects women are liable to? Read the history of the operation for vesico-vaginal fistula, and you will find that his whole time has been absorbed in perfecting its technicalities. His labors and achievements have been liberally recognized by the highest scientific tribunals of Europe, which must fill the heart of every American with pride and emulation.

"The same beneficial influence of specialty I could prove in almost every department of medical science to meet objections so utterly groundless.

"No competent man advocates the establishment of specialties at the expense of medical science and independent thereof. On the contrary, they should emanate from medical science, receive their chief maintenance from it, and return its results to the same source from whence they originated. Not as the ancient Egyptians pursued specialties, *per se*, and disconnected from each other. Such a system would be prejudicial to scientific advancement, unproductive of practical results, and terminate eventually in the crudest empiricism. This preposterous system has been finally adjudicated by history, and has certainly no earthly chance of being resuscitated.

"The steady progress of medical science and its already acquired magnitude, will inevitably settle the pending question. Practitioners will have to choose between general superficiality and special efficiency."

If this was true at that time, how much more so is it at present. The diplomas of my grandfather's, of the dates 1847 and 1849 respectively, bore the names of seven and eight professors, representing the entire faculty, to that of my father, in 1878, were affixed sixteen names; whilst my own in 1893 carries twenty-two signatures. A glance at the curriculum of study of one of our medical colleges will explain why Mr. A must be "passed around" if he would have the different disordered portions of his anatomy treated in the latest and most approved manner.

The success with which some of our confreres cope with the diseases of children we have all noticed. Who can deny the special skill of some surgeons in the field of abdominal surgery; for that of the brain, or in fact, to carry it further, the essential and marked success which has attended certatin operations, ofttimes repeated by certain of our associates, as appendectomies, hernia operations, operations for cleft-palate or prostatectomies for instance. Those particularly trained in the diagnosis and treatment of diseases of the mind and nervous system (alienists and neurologists), the ophthalmologists, laryngologists, rhinologists, gynecologists, the orthopedic and rectal surgeons are among the older and longer established specialists, and only he of long and attentive training is fully capable of differentiating the many heart and pulmonary sounds upon auscultation and palpation, and able to correctly interpret them, and thereby proving himself an expert in diseases of the thoracic cavity. Later, experts have arisen in the diagnosis, treatment and management of diseases of the skin, diseases of the stomach, venereal and other diseases of the genito-urinary system. But few, if any, of the specialties have outranked in the work done, or the progress made, the field of genito-urinary surgery. Advanced methods for more precise and accurate diagnosis, hence, more rational and effective treatments are following closely one upon the

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other. The examination of the bladder and entire urethra has become as feasible as that of the larynx, naso-pharynx, retina, or any other of the apparently more accessible localities. Cystoscopy with ureteral catheterization has made possible the local treatment of the pelves of the kidneys, while endoscopy has completely revolutionized the pathology and treatment of chronic urethritis, as by aid of these, symptoms formerly entirely subjective, have been made objective. This brings us to another point which deserves consideration, and which should strongly entitle the specialist to the support and hearty endorsement and co-operation of the general practitioner, and that is, that the up-to-date man, who limits his practice to any special field, is compelled to thoroughly equip himself with an expensive armamentarium made exclusively for his line of work. For my own part, I freely refer cases without my domain, to their proper places, and feel it an esteemed privilege to enjoy the acquaintance of confreres in whom I place this confidence. The temptation, especially among the young men, to become "universal specialists," is great indeed, but by a conscientious regard for the welfare of your patient and your duty to him, you will replace, perhaps, a larger quantity of work by a higher quality.

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[Written for the MEDICAL BRIEF.]

Speech Defects.

BY JAMES M. BROWN, M. D.,

Professor Laryngology and Speech Defects Dearborn Medical College; Assistant Professor Laryngology Chicago Polyclinic; Associate Laryngologist Cook County Hospital, Chicago, Ill.

The importance of various speech defects has been overlooked in a general way by the medical profession, and allowed to come within domain of the many so-called "institutes" for the treatment of disorders of speech. The treatment of stammering and stuttering, they being the more common forms, should be dealt with by the medical practitioner. Often after the underlying cause has been determined, these conditions are more or less difficult of treatment.

Most cases of speech disorders begin early in life, usually before the age of ten. Some may show a difficulty upon the first attempt at speech, especially if the child be slow of development, or has been taught improper speech by imitation, or there be a defect in the speech organs themselves. Provided there is no hereditary tendency to disordered speech when a child's individuality begins to assert itself, and desires to express its thoughts, it is liable, in its eagerness to speak, to cause such an amount of nervousness that confusion or disorder may result, and it is nearly always the highly organized sensitive child, whose intellectual and emotional faculties develop before the corresponding responsive states in the body.

On the other hand, children suffering from the ordinary defects of speech due to occlusion or other abnormal conditions of the upper air passages are common. When the obstruction to the vocal resonating cavities is relieved, and parts restored to their normal condition, the speech often improves. Those cases which depend simply upon the mispronunciation of consonant sounds, are the most common, and it is unusual to find a child with any considerable amount of adenoid or tonsillar enlargement who can pronounce the letters "M" and "N" naturally, while certain other consonant sounds are also commonly a source of trouble. But a number of instances in which such patients have come under observation, it has been noticeable that after the restoration of the parts, with suitable training, many of these speech defects have disappeared. In addition to these obstructive conditions, there is another factor of importance in these cases which is not so readily recognized as influencing the phonatory act, the part which relaxation of the throat in general, and of the soft palate in particular, directly due to some of the organic or obstructive conditions in producing the various classes of mispronunciation.

The physiology of the act of speech hesitation has never been satisfactorily explained. There can be no question that however central the disease may be, as to its origin, and however largely a neuroses, it certainly is influenced to an important degree by the local conditions in

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the upper air passages. Thus, amongst stammerers, it is a matter of observation to find that they talk less fluently when tired, hungry or ill. A person who may have almost entirely overcome the defects, may find himself stammering badly at the onset of a cold attended with marked relaxation.

Heredity is an important factor in the causation of speech defects, either directly or indirectly, and is often allied to the associations of a sufferer; for example, a person who is under continual fear or dread, or become subject to a sudden severe shock of some character, may suddenly articulate with difficulty. The mouth, so far as speech is concerned, is considered as a mere tube, for the delivery of vocal sounds. The sounds are formed in the throat and the propulsive power is exerted from the diaphragm. The cavity of the mouth is, as we know, susceptible to a great variety of minute modifications, which naturally affect the quality of issuing sounds. The proper early training of young children would prevent the development of defective speech in a large proportion of cases. The general health should be kept in the best possible condition. Baby talk should be discouraged, since speech is, to a degree, imitation. The attention of the child ought never be attracted to the defect; in all forms of imperfect articulation, each element of speech which is defective should be taken up separately, and the patient taught how to acquire the correct position of the mouth, lips, tongue, and palate, for the examination of those sounds, and close attention should be given to the sound uttered. After the existing causes had been removed, the treatment consists of training, which, for the most part is tedious and slow, the patient being taught perseverance and patience.

34 Washington Street.

Enclosed herewith find one dollar for the MEDICAL BRIEF. I have been practicing medicine for forty-five years and have subscribed to a number of medical journals; however, language is inadequate to express or to give you an idea how much I appreciate the MEDICAL BRIEF.—A. U. GRESSETT, M. D., Fuller, Miss.

[Written for the MEDICAL BRIEF.]

Pulmonary Lesions Due to Syphilis.

BY SAMUEL A. PEAKE, M. D.,
Professor of Diseases of the Skin and Syphilology in the St. Louis College of Physicians and Surgeons; Dermatologist to the Jefferson Hospital, St. Louis Baptist Hospital and St. Louis City Hospital; Member Mississippi Valley Medical Association. St. Louis, Mo.

For some time my attention has been occupied by the close relationship existing between disease of the lungs and syphilis. In my work, private and clinical, I have met lung trouble, which has caused me some study to ascertain the cause. From casual observation, one is liable to hurriedly say "tuberculosis," and at once begin a microscopic research, often failing to take into consideration the family history of tuberculosis, and nature of employment, and the several and many other conditions that warrant investigation. Perhaps, unmindful of other relations, the history of parents and grandparents are subjected to rigid scrutiny as to the possibility of a tubercular or lung history. But the same line is rarely ever followed in a similar affliction, the investigator having in mind syphilis.

This point, like many others in medicine, has been the ground for more diversion of opinion than any other in this study. The old writers gave credit to the clinical reports that syphilis of the lungs was a tolerably common affection, while the later writers in the practice deal guardedly the treatment of the subject. Some believe, while specific lesions of the lung exist, that the therapeutic test is by no means conclusive of the condition. Other authorities state that anti-syphilitic treatment may be found beneficial in the case of phthisis in a syphilitic subject is no proof of the specific character of the lesions, basing their belief that any treatment benefiting the general health may have a favorable influence on the disease.

From my observation, I believe that syphilitic lesions of the lungs simulating phthisis are more frequent than given credence, and that, unlike tuberculosis of the lung, bear no such history of lung destruction nor cavity formation, but that areas of fibroid induration beneath the pleura and gumma are often present in a lung.

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There is well-recognized syphilitic pneumonia in the new-born, as, also, a formation of grayish red nodules, new gummata, which vary in size from a pin's head to a bean, while the older gummata opaque and illy-defined, due to fatty degeneration, so characteristic of their formation, are present, but are more firm than tubercular caseation.

Pulmonary syphilis affects most commonly the middle and lower lobe of the right lung. The process is confined to the interstitial tissue, and is in the beginning a small-celled growth, and gradually becoming converted into fibrous tissue, and a form of cirrhosis is produced.

Syphilitic cirrhosis, like other specific affections of the lung should properly come under the head of lung syphilis. Many cases of the so-called fibroid phthisis, so recognized as tuberculosis, I believe to be of a purely syphilitic character, either congenital or acquired. A clinical evidence on which to base such a diagnosis, as in lung syphilis, is the existence of the acquired or inherited disease; secondly, the effect of anti-syphilitic treatment.

In this special disease, where cirrhosis of the lung is so distinctly certain, syphilitic causes are clear-cut and well-defined. Thus the fever is slight or entirely absent. The middle lobe of the right lung being attacked, the irregular areas of percussion, dullness, peculiar dry cough, sputum scanty in amount, often bloody, and the absence of the tubercle bacilli, and the evidence of specific history in some other part of the anatomy.

The dyspnœa so marked is due to the change in lung by the excessive formation of connective and contraction of cicatricial tissue, while tubercular phthisis is clearly diagnosed by the presence of the tubercle bacilli and cavity formation in lung affected.

My attention was called to this subject recently by a case coming under my care: A young man, twenty-two years of age, history of weakness since childhood, complained of pain over right lung, coughed slightly, with a temperature of 99° F., pulse frequent, scanty expectoration, dullness on percussion over middle and lower lobe of right lung. I at once suspected tubercular phthisis, and began collecting sputa for microscopic work.

Feeling sure I had a tubercular patient to deal with, and not wishing to prolong my work before results of such microscopic examination could be noted, patient was placed on anti-tubercular treatment, with usual tonics and reconstructants, which, after three weeks, gave negative results. On returning, he was accompanied by his mother, who stated that he had been scrofulous from birth, and that she had been scrofulous herself so badly as to lose all her hair, and have splotches, as she stated, all over her body. I at once decided to try anti-syphilitic treatment, and commenced with the usual doses of iodide potassium and mercury with astounding results which warrants me in making this report.

During the patient's early life, according to his mother, he had suppurative ear trouble, and also an affliction of the eye, presumably choriditis, but recovered after taking treatment, which I presume, and have reason to believe, was mercurial, and his real trouble recognized at that time by the physician, although not imparted to the mother as such. I do not hold that the patient contracted pulmonary disease, the result of inherited syphilis. It may be due to a weakened condition in the respiratory organs, and which became more prominent under the influence of the virus, but the fact remains that he recovered in health and increased in weight. I might, however, add, after recognizing some of the benefits in my treatment, I subjected the patient to a most careful examination, and found abundant evidence on which to base my diagnosis. The teeth were characteristic of inherited syphilis, the history of the eruption on the part of the parent, etc.

My point, in this article, is simply this: Is it not well, under such circumstances, before diagnosing his case, to thoroughly go over the case with the hope of finding some specific history, especially so when the microscope fails to show any tubercle bacilli? And, under all circumstances, is not the physician justified in using some form of anti-syphilitic treatment whose purpose of tonicity being a part of the treatment, and would he not feel that under such circumstances the result justified the means?

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[Written for the MEDICAL BRIEF.]

Measles.

BY MAURICE GERSTEIN, M. D.,

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Measles is an acute infectious disease seen at all ages, and at all seasons. It is an essential disease, occurring most frequently in childhood. One attack does not furnish immunity from a second or even a third attack. In a series of two hundred cases which came under my notice recently, the period of incubation was from nine to eleven days, while the usual period is from twelve to fourteen days.

The clinical symptoms of measles are: (1) the initiatory symptoms, consisting of suffusion of the eyes, redness of the inner canthi of both eyes, drowsiness, coryza and sneezing. A dry cough may also be present. The papular eruption seen on the velum palati, which appears a day before the body eruption, is a symptom never absent. The first sign of eruption usually occurs on the mastoid process back of the lobule of the ear, at the sides of the nose and around the lips, and from there the eruption usually spreads on the cheek towards the temples. By that time there is edema of the face, giving the face that characteristic large appearance. Within twenty-four hours the eruption extends to the thorax, abdomen, and practically the whole extremities.

Koplik's sign is one that is very reliable when found, but in my practice I have failed to find it in fifteen per cent of my cases. It is very easily overlooked, and in children with unclean mouths and thrush present it is impossible to distinguish it.

The temperature in measles is not at all characteristic save that during the dry eruptive stage the temperature increases.

The contagion is direct from the patient to the susceptible person; that is, it is not carried through a medium. The eruption of measles is always of the macular type, and there is always a filmy skin between the macules. It disappears on pressure. Occasionally the hemorrhagic type is seen, and that is designated "black measles."

Diagnosis.—Measles is easily diagnosed. A typical case of measles can not be mistaken for any other condition.

We are guided largely in our diagnosis by the history of exposure to the infection. When there is suffusion of the eyes, sneezing, Koplik's sign, and papular eruption of the velum palati, there is no further doubt in diagnosis. In epidemics a mistake in diagnosis is seldom made.

Some authorities claim that measles has a peculiar odor, but my experience has not borne out this theory.

Complications.—The principal complications of measles are broncho-pneumonia and otitis media, and they can be avoided if proper treatment is instituted.

The sequelæ of measles are very important, particularly in large cities and congested districts; the results of these sequelæ are far-reaching. Tuberculosis is, perhaps, the principal one, with the exception of adenitis, which seems to be aggravated by measles, and occasionally these adenoids are found to be tubercular.

Treatment.—The prophylaxis of measles is very much overlooked in large cities. The isolation must be thorough, and it must be of sufficient length for the desquamation and of other complications to disappear.

I do not believe in institutional treatment for measles. First, because the disease is not recognized until it is well developed, and by that time contagion has already spread. Secondly, that we find the sequelæ, to a large extent, in the institutional cases. This is particularly true of the complication of diphtheria and otitis media, pneumonias, etc. And if measles cases are to be treated in institutions as they are arranged at present, it would simply mean the crowding out of much more urgent cases.

In private practice, the room occupied by the patient should be isolated; it must be large and airy, and the windows well protected by shades. The mouth of the patient should be thoroughly disinfected, as it prevents the complication of streptococcus and pneumococcus infection.

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During epidemics, public schools should be closed, in order to prevent the spread of the disease.

In medicinal treatment, an ordinary febrifuge, such as liquor amonii acetatis, and sweet spirits of niter in water is probably as much as can be given with advantage in these cases. The fever can be reduced by warm sponging, which greatly relieves the patient from the itching and irritation. For the dry, harassing cough I usually give spiritus lactucarium, gram doses every three hours. This seems sufficient to allay the cough, and also gives rest to the patient.

During the febrile stage nothing but liquid food is to be given, and feeding is not to be urged until the fever has been reduced. If there is conjunctivitis, a solution of boracic acid applied locally, and also to be dropped into the eye, is all that is necessary; and a spray of menthol, eucalyptus and albolene applied to the throat and nose is very soothing to patients, and prevents otitis media.

I usually follow an attack of measles with tonics and out-door exercise, and when possible I order them to the country for two or three weeks. I use carbolized vaseline all through the disease, which hastens desquamation, and prevents itching. I give my patients plenty of cold boiled water to drink, and see that they are not exposed to draughts. This is practically the treatment of measles.

493 Warren Street.

[Written for the MEDICAL BRIEF.]

Catarrh of the Conjunctiva (Pink Eye.)

BY J. S. PROUT, M. D.,

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This condition is due to the presence of germs in the conjunctival sac, which are deposited there by the atmosphere or by direct infection, as by contact with soiled fingers or otherwise. Microscopical examination is often necessary for exact diagnosis. It is confined to no particular season or locality, although it may be more prevalent during the windy or dusty seasons.

The first symptom will probably be a feeling as of a foreign body in the eye, due either to foreign bodies carried there as dust or otherwise, or to enlarged vessels in the conjunctiva. There will be burning, smarting, some dryness of the eye. This is followed by lachrymation, and later by mucus appearing as little clots between the eyeball and the lid, which may dry around the cilia, and cause the lids to adhere.

The condition is the same pathologically as "cold in the head;" that is, there is inflammation of the mucous membrane, and very often this condition accompanies cold in the head, nasal catarrh, and is especially likely in an attack of measles.

There will be injection of separate vessels visible on the white of the eye, moving with the conjunctiva, and the injection is mostly away from the cornea on the surface of the ball or at the reflected portion of the conjunctiva; that is, between the ball and lid, or on the inner surface of the lid itself. In inflammations of the cornea, or of the iris, the injection will be not of separate vessels, but a pinkish discoloration under the conjunctiva, not moving when the conjunctiva moves, and most close to the margin of the cornea. This character of the discoloration is a diagnostic point of the greatest importance, and if attended to will prevent a great many errors of diagnosis and treatment. The injection of conjunctivitis is a bright scarlet, while in the deeper injections it is more of a purple color.

In other acute inflammations of the eyeball, the injection of all the vessels will be marked, and then we must make a diagnosis by the absence of the signs of conjunctivitis and the presence of the signs of deeper inflammations.

Nasal disease frequently accompanies and aggravates this condition, and there is little hope for improvement until the nasal condition is improved. Retention of tears in contact with the eye will also set up inflammation of the conjunctiva and the edges of the lids.

The duration of the disease is very uncertain, depending upon the severity of the attack, and the condition of the pa-

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tient, but, as a rule, it has a tendency to recover in a few days.

There is a form that might properly be called rheumatic, in which there is more pain in and around the eyeball; a rheumatic diathesis, history of exposure to draughts, etc., deeper injection and congestion of the tissues of the eye, sluggish pupils perhaps and a tendency to iritis, in which rheumatic remedies may much assist local treatment.

Treatment.—As a disease with a natural tendency to recovery, it should not be over-treated, but judicious treatment will assist. We should first look for foreign bodies which may be lodged in the eye. The use of boric acid or borax in solution will relieve the inflammation. A useful combination for this purpose is one teaspoonful of spirit of camphor, two teaspoonfuls of borax, mixed together, and then dissolved in a pint of hot water. Or a saturated solution of boracic acid can be used, or a combination of borax and boracic acid is perhaps better than either of the others. This can be used every three or four hours until the inflammation subsides. The borax and camphor wash can be easily made by anyone, and kept as a domestic remedy, as it will do no harm in any condition. If the inflammation does not yield to these milder remedies, a weak solution of alum, one teaspoonful, or less, to a pint of water, may be of service, or a weak solution of nitrate of silver, from one-half to five grains to the ounce. I use the weaker rather than the stronger solution in these cases, and, I believe, that this is the general tendency.

Sugar of lead should not be used as an application to the eye, because while good in some cases, if there should be any ulceration of the cornea, it may cause a deposit of carbonate of lead in the tissue of the cornea. It requires a skilled eye to recognize these conditions. The sticking together of the lids, due to the drying of the mucus upon the eyelashes, may be prevented by the free use of vaseline upon the edges of the lids before retiring.

26 Schermerhorn Street.

I always liked the MEDICAL BRIEF.—A. S. LOWE, M. D., McKeesport, Pa.

[Written for the MEDICAL BRIEF.]

Trachoma.

BY JOHN L. ADAMS, M. D.,

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While trachoma is a common disease of the eye, and familiar to the specialist, it is not always promptly recognized by the general practitioner. It is a contagious disease, and can be contracted at any age, but occurs most frequently in childhood.

In our large cities medical inspectors are appointed who examine the eyes of children attending the public schools, and under this wise provision trachoma is detected at an early stage and placed under treatment before any serious involvement of the cornea can result. Many children are thus examined who might be unable to consult a specialist, and are sent to institutions and cared for, who would otherwise be overlooked until the disease had passed the incipient stage. The children of the smaller towns and cities are less fortunate in this respect, and, therefore, it behooves the general practitioner to keep a sharp lookout for this disease when visiting his patients.

The most pronounced symptoms of trachoma in the early stage are sensitiveness to light, causing the patient to partially close the eye; there is also lachrymation and some pain, with a sticking together of the lids. This partial closing of the eye is caused, in addition to the sensitiveness to light, by the thickening of the upper lid.

Examination.—On turning over the lid we find that the conjunctiva covering the tarsus is reddened and thickened, its surface uneven, which changes are caused

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by hypertrophy of the mucous membrane. This hypertrophy is caused by the development of the so-called papillæ, and is characterized by the presence of trachoma granules. Disturbance of sight, commonly complained of by patients, is due to pannus and ulceration, which not infrequently occur together. Pannus trachomatosis is the deposit on the cornea of newly formed vascular tissue, which pushes its way over the edge towards the center of the cornea. Ulcers may develop at a point otherwise normal, or in connection with pannus. When the pathognomonic "millet seed" or "frog spawn" symptom is present, there is no doubt about the affection being trachoma.

It is my belief that all diseases of the eye characterized by a watery discharge are contagious, and this is especially true of trachoma, which is usually transmitted by actual contact. That is, by children sleeping together, by the use of towels or basins in common, etc. The first step in treatment is to caution the patients in this respect; to have them wash the face in running water, if possible, and to use separate towels, etc. Cleanliness is a great factor in the prompt recovery of this affection.

The most successful treatment is that of bathing the eyes every two hours with a saturated solution of boracic acid, or of a solution of four of Seiler's tablets to a pint of water, and the application every other day of a sulphate of copper stick to the lids while they are thoroughly everted. Treatment by application and bathing should be used before operation is resorted to. Scars and atrophy are the result of the most carefully conducted operation, and though the medicinal treatment may require a longer time to bring about the same result, it is preferable.

The time required for recovery varies from two weeks to two months, depending largely upon how closely the patient attends treatment. It depends also to a certain extent upon the virulence of the poison, the susceptibility of the patient, and upon the quality of his food and environment.

With early and proper treatment the prognosis is most favorable.

38 East Fifty-First Street.

[Written for the MEDICAL BRIEF.]

Some Causes of Over-Arching of the Palate.

BY HENRY L. SWAIN, M. D..,

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Anatomically the hard palate possesses a certain width and height at the birth of the child. With the eruption of the first teeth it has already begun to lengthen, but does not grow broader, and by the end of the third year begins to grow higher, longer and a trifle broader, all three together. The hard palate is developed from several centers of ossification, among which, in considering the shape and position of the incisor teeth, we can not afford to be forgetful of the intermaxillary bone as it is called in the lower animals. As the palate grows into its adult form, it is an interesting fact that has been gradually developed by a series of measurements, that if left to itself, and with the nostrils doing the full work that the Creator designed for them, the relation of the breadth to the height, and the breadth to the length, and the height to the length can be calculated out with almost mathematical exactness. Or, to put it another way, you take adult skulls and measure them, and the various races and conditions and kinds of men will average up a given index, which is very closely similar. The great abnormalities in the height of the arch which you have all seen, and which occur not infrequently, seem to have some fixed cause which would explain their production, and the nose and throat men have usually assumed that the narrow and high-arched palate was produced by nasal stenosis, or by causes which produced the non-use of the nose during the early years of childhood. For instance, it has been the accepted explanation among rhinologists that if adenoids or enlargement of the pharynx tonsil existed, that the nose could not be adequately used, or perhaps not at all. Therefore, from lack of use, the nose or middle third of the face would develop poorly, whereas the lower third, includ-

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ing the mouth, would be, by the latter being wide open, rather better developed. This lack of nasal breathing and over-use of the mouth would cause high arching of the palate, and a high arching of the palate bent the septum, which still further added to the nasal stenosis, and made the use of the nose even more difficult as the child grew older.

Once the arch of the palate became thoroughly established, it seemed to persist through all the years of the patient's life, and the removal of the cause, enlargement of the third tonsil, would fail to remove the nasal stenosis. The theory has become so rooted and grounded in purely medical belief that it has almost become the accepted opinion that if you have a high arched palate, narrowed and U-shaped or V-shaped, that you must have had nasal stenosis, caused, presumably, by adenoids during the growing period of the child.

The first rude shock which this orthodox belief received in my own experience was that in carefully observing a number of children as they were growing up I found that in a number of instances where there had been no nasal stenosis, no mouth breathing whatever, at a given time, in some cases earlier than in others, the palate would arch very markedly, so that at four the child would be possessed of what one would term an extremely high-arched palate, and nothing had happened in the way of loss of teeth or in the nose to explain this purely developmental increase in the arch of the palate above the normal.

In talking this matter over, several years ago, with a friend of mine who was interested in the scientific side of our work, he confessed to the same skepticism as a result of similar observations to my own, and it became evident to both of us that there must be some other explanation of the arching of the palate, and that it was quite probable that a peculiarity of the formation might exist as well as the well-known varieties of the nose, the Roman, the Grecian, and the pug. Inherited peculiarities could be transmitted to the palate as well as to any other part of the body.

About the same time various men performed measurements upon the hard palate with the idea of determining what was the average height in the adult, and with a view to having a broader knowledge of the whole subject.

As intimated in what has been said before, there was a singular uniformity, barring a few minor details, in their results. A gentleman by the name of Grossheintz, measured some twenty-four normal young adult European skulls, and averaging them up got as a result a figure represented by 53.9. This is the index of the height of the arch as related to the breadth. Alkan, by a similar series of measurements, found that an average of all the skulls which he had measured, which was a considerably larger number than those of Grossheintz, to be 52.6. He also measured a number of negro skulls, which he found had much narrower and higher palates than we would suppose, when we think of the natural configuration of the negro face. Eighteen Malay skulls only differed in four-tenths from the European measurement.

Doctor Brackett, one of the medical students of three years ago, looked over some one hundred Hawaiian skulls, and he took the same method that Grossheintz had used, measured them exactly the same as he did, and found his results to vary scarcely at all from those of Grossheintz. So that as nearly as we could judge in the ordinary way, racial peculiarities only moderately affect the shape of the palate.

This settled one point that had been raised by my friend before referred to, that the difference in the early life of the individual could not be considered as greatly influencing the height or form of the palate. All of these measurements that I have been referring to had another thing to bear in mind, that the configuration of the hard palate might have some direct relation to the shape of the skull, and whereas we might say in an offhand way that usually a person with a high and narrow face would have a high arched palate, and vice versa, and certain people with high narrow skulls might be naturally supposed to have a narrower palate than those with broad flat skulls, and while this is, to a certain extent, true, yet there are many exceptions in all races.

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Now as to the actual point of whether adenoids or enlargements of the pharynx tonsil do influence the shape of the palate. Measurements have been made which prove that the observation is to a large extent perfectly correct. Whereas not all high arched palates are due to adenoids or nasal stenosis which had perhaps been rather generally accepted, all children who are unable to breathe through their nose up to puberty would almost, as a rule, have a higher arched palate than those with free nasal passages. So much so, that, as a result of an examination of the difference between thirty children who had adenoids and the same number who had not, the average age being practically the same, there was a difference in the index of 43.5 as against 50.0, showing that there is an absolutely undoubted increase in the height of the arch, and the same was equally true of the adults who possessed adenoid remnants.

So far, then, as the evidence had gone, we had learned that adenoids and the stoppage of nasal respiration was the only thing which influenced the arching of the palate; that there was no fixed relation between the shape of the skull and the shape of the palate, and that the variations of the races one from another were not very great. These seemed moderately reasonable deductions.

It became possible for me to have access to a collection of skulls of flat-headed Indians, where the custom exists during the early months of the infant's life of flattening the forehead toward the back of the head by wearing a board tied down to the head, and generations after generations of these Indians have followed more or less rigidly some more than the others, the habit of bandaging the unhardened child's head in this way.

It occurred to me that if any force in the way of deforming the head could possibly influence the growth of the palate, and the shape of it, this, as has been carried out through generations of these Indians, must surely do so. Bear in mind that, in the statistics we have already gotten, whereas races differ somewhat in the palate, the shape of the head has apparently very little to do with the shape of the palate. Here we found to the contrary.

Dr. Arnold has very successfully measured according to the exact methods of Alkan, and we find that the flat-headed Indians possess a greater width of palate, and less length, and less height, so that we have a broader and a flatter palate, and the difference is as marked as fifty-two to thirty-two.

There seems to be but little doubt that such abnormal changes in the shape of the child's head have through centuries distinctly influenced the height of the face, the width of the palate and its height. So great is this pressure, that even so solid a bone as the petrous portion of the temporal bone has suffered along with the rest.

There is one other cause upon which we as physicians have not laid due stress, viz., that if the teeth are extracted early or drop out, there is partial absorption and lack of development of the alveolar process of the superior maxillary bone or the inferior as well, and this lack of a proper buttress would contribute to the change in the contour of the palate. A very narrow palate is actually higher than a broader one of the same height. If you take specimens of the same age and general size of skull, where there is a difference in the actual height there is almost always a difference in the width. Therefore, it would seem absolutely reasonable that if the palate grew narrower because it grew smaller all around, then it would necessarily arch higher. It would seem to me hardly possible for a shrunken and deformed palate to fail to influence the antrum, and if by non-use of nose the air spaces in the superior maxilla should fail to be properly developed, this must surely influence the breadth of the palate.

These two forces must be considered, then, as co-operative. The effects in any case are evident, and could probably be more strikingly seen when from too early removal of teeth one side was largely prevented from growing to full dimension.

It seems that in the hands of the rhinologists and dentists lay the greatest possibilities regarding facial configuration as well as the health of the teeth and the integrity of the nose. If the dentist made no effort at preservation of the teeth, assuming false teeth to be just as

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good, we might develop a race which required only artificial teeth. In the same way it would seem possible that if the rhinologist paid no attention to nasal stenosis and to nasal stoppage in children, we would develop a race of mouth-breathers. If, on the other hand, the dentist preserves the deciduous teeth until they are shed by a normal process of evolution, and the rhinologist gives free space to the nose that it may develop normally, develop normal superior maxillas, and thus a normal palate, we shall produce not only a handsomer race of individuals, but also a healthier and a happier one.

232 York Street.

[Written for the MEDICAL BRIEF.]

Infantile Hygiene.

BY WALTER M. FLEMING, A. M., M. D.,

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(Continued from page 832.)

The final decision having been arrived at, that artificial nourishment is to be resorted to, then comes the query what it shall be.

The first natural suggestion and impulse is to choose a substitute, the best, and nearest to the mother's milk.

The cow's milk is universally first chosen. But there often arises the difficulty that many infants can not readily digest cow's milk. The milk of the cow and the milk from the mother's breast are, comparatively, analogous, but are not alike.

The mother's milk contains combined ingredients, or component parts in proportion, naturally suitable to the digestive functions of the babe. The "curd" the cream or fatty constituent, then the saccharine principle, or sugar and the lacteal salts. The offices of the combination are to supply material growth, develop nerve tissue and muscular tissue. Then the supply of natural heat and energy for the development or growth of the child and, in short, Nature's supply for the physical requirements in all its forms, and stages.

The milk of the cow contains the same component parts, but altogether in different proportions, much stronger, coarser and gross, and, as a rule, in the pure undiluted and natural condition, is beyond the digestive power of the infant.

Therefore, the milk of the animal (cow or goat) must necessarily be diluted and is rendered more digestible and assimilable by the addition of some one of the several artificial foods now so popular, and readily obtained. The intelligent choice of these food preparations will provide the facilities which will aid the digestion, avoid gastric and intestinal irritability and diarrheic sequels accruing from improper or indigestible food.

It is unnecessary to detail the many forms of infantile provender, or baby's food. The general conversancy of the public with the names, and merit, of the multitude of preparations for infant feeding, supersedes the necessity of any special mention or reference.

As to the time of feeding and amount of food for infants, no specific rule can prevail, for no two infants are alike, in physique, digestive and assimilative power, or generative requirements. The details of infantile feeding, the amount, proportions, dilution, frequency, etc., is an almost endless theme, which time, nor space, will sanction in this article.

After the subject matter of the nourishment for infants, next comes the regimen, or care of the same, in the meantime. It is hardly necessary to state that the baby's room or nursery should be roomy, sunny, dry, and airy, or well-ventilated. Of course, all these requirements must necessarily vary according to the circumstances of the parents; plenty of pure fresh air is of first importance. There is probably no class of disease more directly influenced by atmospheric conditions than the various phases of stomach and digestive troubles.

Among those most dreaded, and at times most prevalent, are diarrhea, dysentery, colic and cholera infantum.

Therefore, secure all air and space possible, but avoid draughts at the same time. The apartment may be aired thoroughly twice or thrice daily, but avoid dampness or cold. Tobacco smoking in the infant's room should be avoided, and the use of gas or kerosene vitiates and despoils the air. Toilet fabrics, napkins

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or refuse of any form, should carefully be banished. The bed of the infant should be thoroughly aired when made up, and let a normal temperature prevail, and have no damp or wet clothing or bedding there to dry, that the atmosphere be free from dampness, before it is occupied.

As to the sleep or rest of infants. A new-born babe will sleep from fifteen to twenty hours of the twenty-four, but gradually sleeps, less as he grows older. At a year old his entitlement is fourteen to fifteen hours of sleep. Nature's demands will readily qualify matters as to sleep and nourishment with infants. Thus gradually, this will all equalize itself, also as to the awakening and activity or exercise, the care, the washing, bathing and general requirements of the little one will all suggest themselves as time goes on with them.

It is well to avoid the developments in a babe as to walking, or rocking, or singing, or coaxing it to sleep. If the child is well, it should get sleep naturally. A little training and guidance and the child will take naturally to the various requirements of its life. From the age of three and four weeks on, gentle handling, thereby imparting a little exercise, the same will increase naturally, and gradually grow to an individual effort to stir about itself, and thus avail itself of the exercise, as you might say, almost unconsciously.

Accustom the babe to outside air as far as is consistent and possible, when conditions are favorable, carefully avoiding exposure to dampness, wind, storm, and subjection to the rays of the sun.

The nurse in charge of the babe on its outings will undoubtedly bear watching, and usually requires direct and explicit instruction as to the care of the babe while out.

It is no small factor in the case of rearing and general management of the infant to secure an honest and reliable nurse girl or attendant if it is possible. They are apt too often to neglect the little one, especially when taking it out, and thereby subject their little charge to exposure, which may result in one or more of the infantile diseases which the babe is particularly susceptible to.

The subject herewith submitted is one of vast extent, and carries with it all the vicissitudes characteristic from birth to about the age of puberty, altogether embracing a large field for advice in the rearing of a family particularly of interest and value to the parents and the general laity more than among the professionals.

Future reference and advisory counsel relative to this subject matter will prove both interesting and instructive. The especial interest in such an article naturally will prevail in the modestic household for whom it is more especially intended. The many little details so important, and so often overlooked, in the rearing of a family, would fill a volume, and prove invaluable to those directly interested, and thus ultimately develop the means of avoiding the many ills, promoting vigorous growth and strength, and the wholesomeness and well-being of the offspring, who need the care and guidance from some intelligent source from birth almost to maturity.

[Written for the MEDICAL BRIEF.]

Varicella.

BY SPENCER L. DAWES, M. D.,

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Varicella, while usually a disease of childhood, may occur in adult life; it may be endemic or epidemic, attacks either sex and at any season indifferently and is frequently confounded with variola.

The name varicella is derived, as is that of variola, from the Latin *varus*, a pimple. It frequently follows other acute infectious diseases, especially scarlatina. While it can be inoculated, the virus is but short-lived, and no specific germ has been isolated. A person once attacked is usually immune from further attack, but two, and sometimes three, attacks occur in the same person, and occasionally within a few weeks of each other, these being called recurrent attacks, and the last attack is, in my experience, the most severe of all.

Although some careful observers claim that the two diseases, varicella and vari-

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ola, are etiologically the same, inoculation with the virus of one disease will not produce the other. The period of incubation is a much disputed point, but the average is from twelve to fourteen days. The invasion may be abrupt, no symptoms being present but the eruption, or there may be chill, headache, backache, nausea, vomiting, muscular pains and temperature as high as 104° F. "A scarlatinal rash of brief duration, often overlooked, sometimes absent, seldom recurring, precedes the eruption." The life history of the eruption is as follows: First appear rosy-red points, somewhat elevated, isolated or closely approximated, about pin-head in size, sometimes larger, a greater portion of which disappear, the remainder becoming in from three to twenty-four hours macules which are soon filled with a thin, transparent, yellowish fluid and covered with a transparent membrane. The eruption first appears on the chest, back, neck, face, *and always on the hairy scalp.* It may also be found anywhere on the body and on the mucous membrane of the mouth, pharynx and larynx. It is least abundant on the hands and feet. I have observed several cases where the eruption has appeared on the palms of the hands and the soles of the feet, notwithstanding the fact that some writers assert that this never occurs. In the genital region they are very abundant and an intense itching is seldom absent while the eruption is at its height. The vesicle is surrounded by an areola which fades as the vesicle matures. This soon becomes umbilicated and its contents milky, sero-purulent or purulent, and in severe cases *only the short time required for their development distinguishes them from true small-pox.* The vesicles dry up rapidly, the contents of some being extravasated, a small, dark-colored crust forming which in turn drops off in from five to twenty-five days, depending upon the depth to which the skin has been involved. Some pitting occurs, this usually on the face and the result of scratching. The vesicles number from ten, never less, to eight hundred, are always multilocular and on mucous surfaces may develop into superficial ulcers. Gangrene occasionally occurs as the result of auto-intoxication. The temperature varies from normal to 106.8° F., the average highest being 103.4° F., and usually precedes the eruption. The prognosis is good and the complications and sequelæ few. The latter are, adenitis, nephritis, synovitis, erysipelas, pneumonia, purulent pleurisy, purulent synovitis, and general inflammation of the larger joints.

In diagnosis from small-pox the most important points are: In chicken-pox there is less elevation of the temperature, it lasts a shorter time than in small-pox, and when the eruption appears it falls to normal or sub-normal. These are important points in the early stages. In chicken-pox all forms of the eruption occur at the same time and may be seen side by side, macule, occasionally papule, vesicle and pustule, the papule never occurring without vesicles. In small-pox the papules may not occur and each stage of eruption is distinct and well marked, i. e., macule, papule, vesicle, pustule and scab. In chicken-pox, vesicle formation takes not more than twenty-four hours; in small-pox, not less than two days. The varicella eruption appears first on the chest, then on the back, neck, face and *always on the hairy scalp.* It is seldom found on the palms of the hands or soles of the feet. In variola the distribution is, first, face, then gradually descending the trunk and later the extremities. The vesicle of varicella is multilocular, and if pricked with a fine needle will not collapse, while that of variola, being monocular, collapses if pricked and its contents allowed to exude. Convulsions are a frequent initial symptom in children attacked with variola, never in varicella. There is but little backache in varicella, much in variola, often intense lumbo-sacral pain. The itching in varicella is intense and persistent, in variola, mild or absent. The question of whether an epidemic of either disease is prevailing is important, as is the question of how recently the patient has been successfully vaccinated. This paper is based on epidemics occurring in boarding schools for girls in which there were nine cases giving a history of previous attacks and five who had recurring attacks within eight weeks. Of these five, four gave a history of an attack in infancy, making three attacks in all.

255 State Street.

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[Written for the MEDICAL BRIEF.]

Cystic Degeneration of the Chorion.

BY CHAS. H. BUSHNELL, M. D.,

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Cystic degeneration of the chorion is a condition that has been recognized since almost the earliest history of medicine. It has been variously named to represent, as far as possible, the condition involved. Some of the synonyms are: Vesicular, cystic, placental, hydatoid, hydatiform, hydatidiform or myxomatous mole, uterine hydatids, myxomatous degeneration of the chorion villi, dropsy of the villi of the chorion, myxoma of the placenta and molar pregnancy.

Perhaps the most common name for the condition is that of "vesicular mole." The disease consists in a cystic formation at the ends of the villi, giving them the appearance of a bunch of berries or grapes (Edgar). The disease is very rare. Madame Boivin, of Paris, reports but one case in twenty thousand pregnancies; Williams, of Baltimore, reports three cases in his own practice in five years. Edgar, of New York, reports having seen it four times in fifteen thousand cases; Hirst reports three cases under his care in fifteen years, while probably the average frequency is one in two thousand five hundred or three thousand pregnancies. It is more frequent in multiparæ, and between the ages of twenty-five and forty.

Etology.—The essential cause of cystic degeneration of the chorion is not determined, and there is a great diversity of opinion among authors as to the actual cause. Virchow recognizes the connection between disease of the endometrium, especially where there is a frequent recurrence of the disease, and indeed, in most cases there will be found some disease of the endometrium or the uterine walls, associated with the mole growth.

That this associate disease is the direct cause of the growth can not be proven, for in some instances, in case of multiple pregnancies, there will be found a cystic degeneration in the chorion of one fetus, while that of its twin remains healthy. Hecker has claimed that vesicular mole is the result of absence of the allantois, and Schroeder states that it is likely that the possible absence of blood vessels in the allantois might deprive the villi of their blood supply.

Since the disease was first definitely described by Schenk, there have been many fantastic theories as to its causation. Regnier de Graf (1678) held that each vesicle or little cyst was an unfecundated ovule. The opinion prevailed at one time that each vesicle was a living embryo. In fact, Priestly quotes from Ambroise Paré that "The Countess Margaret brought forth at one birth three hundred and sixty-five infants, whereof one hundred and eighty-two were said to be males, as many females, and the odd one a hermaphrodite (1276 A. D.)."

"Pepys records in his diary that he visited the house in which this remarkable delivery occurred and saw the brass platters on which the children were carried before the Bishop of the Diocese for baptism" (Hirst).

At the present time the concensus of opinion seems to be that the disease is a myxomatous degeneration of the chorionic villi. The process usually begins during the first three months of fetal life while the ovum is completely covered with the villi, and in these cases where the process begins early the result almost invariably is fatal to the fetus. In other cases the process, probably beginning later in the period of pregnancy, may involve a greater or less number of the villi, and according to the number involved and the period of development, will be the possibility of the birth of a living child; and, as stated before, in twin pregnancy it is possible for the villi of one to be completely involved in the degenerative process, while the other will remain healthy and the child be born in a normal condition. This termination is rare, as is also the birth of a living child at full term; by far the greater number of cases in this condition result in early death and expulsion of the fetus. The growth of the cysts is usually very rapid, and

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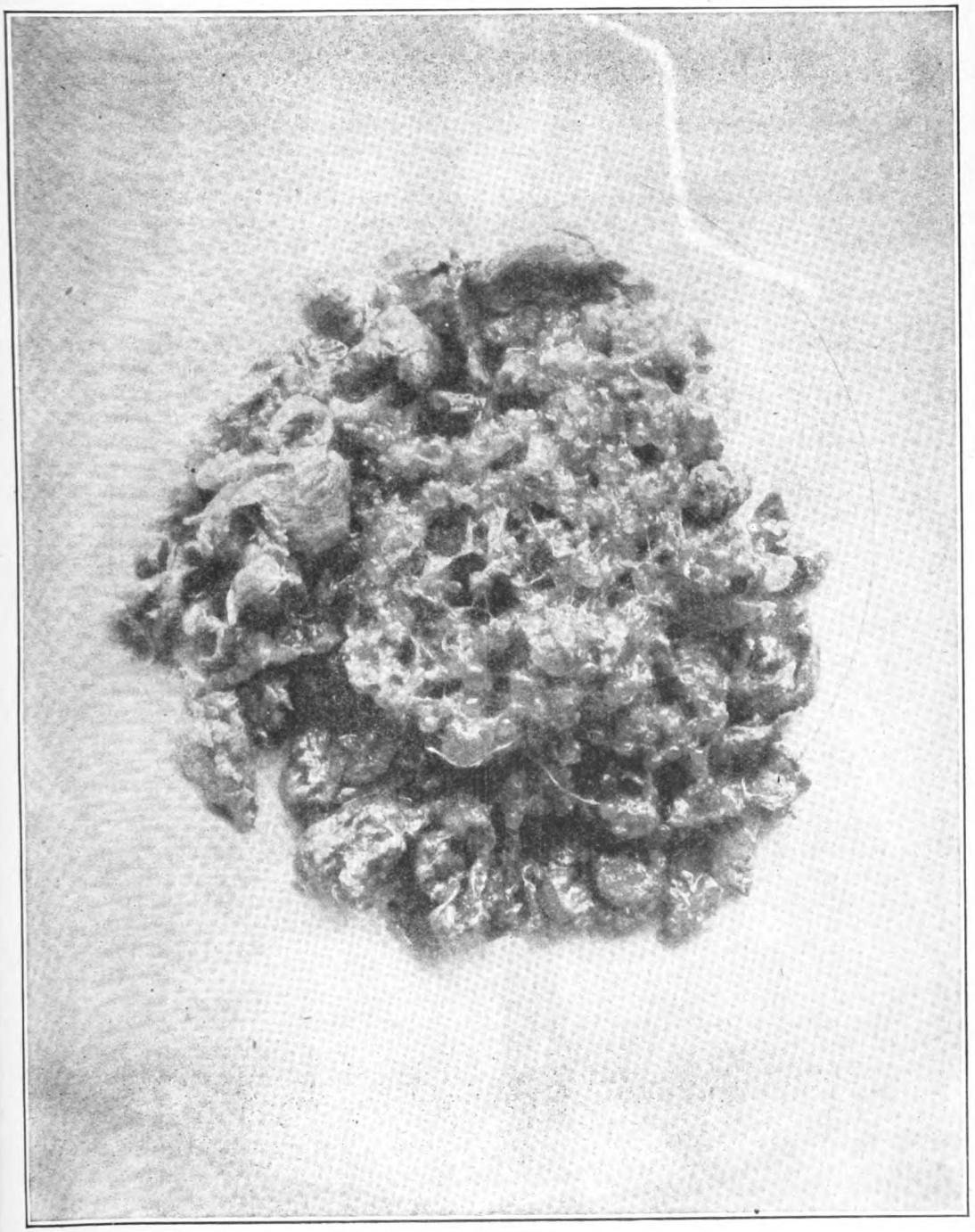

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so greatly distends the uterus that the cystic processes may penetrate wholly or in part through the uterine wall, sometimes reaching the peritoneal cavity. In all cases the muscular structure of the uterus becomes very friable and easily ruptured, and this fact must always be borne in mind in the treatment.

Symptomatology.—The cardinal symptons of the vesicular mole are, very rapid increase in the size of the uterus, out of all proportion to the period of pregnancy; repeated hemorrhages with or without pain, usually increasing rapidly in amount until of alarming proportions. There may, or may not be, pain, or other symptoms usual to threatened abortion. There will probably be a cystic or doughy feeling to the uterus, such as is sometimes presented in death of the fetus; ballottement can not be practiced; there will be an absence of fetal parts; there may be unequal contractions of the uterus, leading one to suspect uterine fibroids.

Diagnosis.—The diagnosis is extremely difficult early in the condition, the only positive diagnostic point being the discharge of some of the vesicles with the hemorrhage, or the possibility of palpating some of the vesicles with the finger through the cervical canal. The condition should be suspected in every case where there is an unusually rapid increase in the size of the uterus, together with recurring hemorrhages.

Prognosis.—The prognosis for the fetus is bad, and where the symptoms are clear and portions of the cystic villi have come away, the condition, so far as life of the fetus is concerned, may be considered hopeless. The danger to the mother is that of fatal hemorrhage and penetration of the uterine wall, followed by infection or malignant growth after expulsion of the remainder. Recurrences are frequent. The probability in every case of vesicular mole, wherein there are any portions of the growth left within the uterus or imbedded within the uterine walls, is the occurrence of a malignant process which will prove rapidly fatal. This process is usually termed "deciduoma maligna," but will not be considered in this paper.

Treatment.—The treatment must necessarily be based upon symptoms. Upon the appearance of hemorrhage the patient should be put to bed and the vagina tamponed with sterile gauze. This should be removed in twenty-four hours, and, if necessary, replaced until the os is sufficiently dilated to permit of the emptying of the uterine cavity. In case the diagnosis is certain from the appearance of some of the cysts, one should not wait for alarming hemorrhage, but should at once tampon the vagina and proceed to empty the uterus, as the induction of immediate abortion is indicated as soon as one is certain, or reasonably certain, of the condition present, in order to avoid penetration of the uterine wall and its accompanying results.

Before removing the first tampon, the surgeon should be prepared with every requisite for applying the second tampon to arrest sudden hemorrhage; also be prepared to empty the uterus, if necessary, to overcome the hemorrhage. Emptying the uterus should only be attempted under strict aseptic precautions and in the usual manner, unnecessary to describe here. An anesthetic is generally advisable.

After the mass has been expelled from the uterus, the cavity should be explored thoroughly with the finger, great care being taken to investigate every portion of the uterine wall to determine that all cystic processes have been removed, as the retention of a single cyst might mean the death of the patient later. If any cysts are found adherent to the uterus they should be carefully removed with the finger or with a dull curette, but the utmost care must be used in handling any instrument at this time because of the friability of the uterine walls and the liability of the instrument penetrating into the peritoneal cavity. A careful intrauterine douche without force is advisable immediately after operation.

The after treatment is the same as after any operation upon the uterus, with the exception that the patient should be under observation for at least six months to determine whether there are any symptoms of hemorrhage or of malignant growth, and if hemorrhages occur immediate curettage should be insisted upon, and the detritus examined for signs of malignancy, which, if found, indicate the absolute necessity for immediate removal of the entire uterus. During subsequent

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pregnancies the patient should also be watched with great care, because of the liability of recurrence of the condition.

The accompanying photograph represents a case of the writer's, appearing recently, in which the symptoms as observed very closely followed the textbooks. The patient presented herself for examination because of slight hemorrhage occurring at intervals of a few days. She was put to bed and watched for a week during the administration of uterine sedatives. There was no pain.

At the end of a week the hemorrhages had slightly increased, while the size of the uterus had doubled, and the peculiar soft, doughy feeling was easily noted. She was advised to go to the hospital, which she did at once, and during the night there came a hemorrhage so great as to prove almost fatal in a few minutes before help could be called. The vagina was tamponed thoroughly and at eight o'clock the next morning the patient was anesthetized, when the mass was readily removed almost entire. A great deal of blood was lost during the operation. The uterine cavity was explored and all particles of debris removed with the finger and a dull curette. Patient made an uneventful recovery, has been watched with great care ever since, and now, ten months following the operation, she is about five months pregnant and presents no signs of any abnormal condition.

1680 N. Clark.

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[Written for the MEDICAL BRIEF.]

What Is Stimulation?

BY SAMUEL S. WALLIAN, A. M., M. D.,

Editor "Dietetic and Hygienic Gazette." New York.

Much vagueness prevails concerning the signification of this much used but also much abused term. In the popular mind, and, it must be confessed, in many professional minds, it has direct reference to the use of alcoholics of some kind. Very many people who ought to know better consider stimulation as strictly an artificial effect rather than as a physiologic function or process. Even scientists and eminent medical writers use the word in a very careless and inaccurate manner. Sometimes it is used in the sense of irritation, and, again, as a synonym of nutrition, with various shades of compromise and modification between. The dictionaries themselves supply a rather unsatisfactory clue to the biologic meaning of the word. The Latin *stimulatio* is defined as a pricking, incitement; and *stimulare*, the verb, means to prick, spur, goad, incite, etc. The strictly medical dictionaries are equally lame and unsatisfactory.

In a biologic sanse, to stimulate does not mean to "urge on to increased action," but stands for the initiation and sustentation of every normal physiologic function. A modern German author defines it as "the cause of that form of motion of matter which is designated as life, or any change of the internal and external conditions under which the protoplasm lives."

As being closely allied to stimulation, reaction is defined by the same author as "all forms of performance of work, displacement of atoms or molecules (or processes of a physico-chemical nature) with which the protoplasm responds to every change in the processes of causation; *i.e.*, of the internal and external conditions of life affecting the organism." He adds that "this reaction exists even when the stimulation is ever so small; only it is not always demonstrable by the means at our disposal, since it is a question of infinitesimal alterations of the molecular mechanism."

In this sense, stimulation is seen to have a more fundamental and comprehensive significance than is ascribed to it in any of the lexicons. It is a synonym of causation, being, existence. With its cognate process or term, reaction, it constitutes the ebb and flow of organic life. Together they stand for the origin and essence of all vital and organic results, for the initiation of all vital energy, and the transformation of energy into either work, motion or heat, or into all these.

Popularly and colloquially, as well as professionally, especially in a clinical sense, the word is currently used in quite

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different significations. The commonest use of it is in connection with the administration of alcoholics. This is too common to call for anything further than mere mention. It is to this use of the word that the dictionaries have for the most part confined themselves. Instead of being advanced as the principal or predominating sense of the word, it ought to be recognized as the most limited and superficial one.

Another popular and somewhat less superficial and more legitimate use of the word is in connection with the electric current. The various forms of galvanic, faradic, static and high frequency currents are utilized to stimulate nerves, muscles, glands and other structures of the body. This form of stimulation more nearly resembles normal or fundamental stimulation as above defined. It may appropriately be called supernormal stimulation.

To recapitulate, in a strictly legitimate and accurate sense, stimuli are always forms of energy. Heat, light, force, motion, electricity, nutrition—these may be cited as normal or fundamental stimuli. Alcoholics must be classed as excitants but not as originators of energy. The other forms that may be mentioned are chemical stimuli and mechanical stimuli. The former may be simply irritant, or may be nutrient, in which case they belong with the foods. The latter, being a manifestation of force, belong with the legitimate or energy series.

509 Fifth Avenue.

[Written for the MEDICAL BRIEF.]

The Place of Suggestion in Surgery Second to Asepsis.

BY THOMAS BASSETT KEYES, M. D.,

Formerly Professor of Suggestive Therapeutics in Harvey Medical College, and the First to Teach Suggestion in any Medical College in this country. Chicago, Ill.

Suggestion in surgery finds its widest field of usefulness not alone as an aid to the production of anesthesia, and to prevent the sickness and bad after-effects of the anesthetic, and to relieve functional habits of the body, as will be hereafter described, but to produce healing of the surgical wound.

I wish to repeat that always in the performing of an operation where an anesthetic is given, I make suggestions to the patient, during the anesthesia, that the cut will heal very quickly, that there will be no inflammation, and that the wound will be entirely healed in a few days, etc., and results follow.

Suggestion I regard as second to asepsis to produce rapid healing of the wound, and this point I have proven conclusively in all of my operations, and I am confident in saying that by using suggestion in the manner above given, that my results are more favorable than that of any surgeon of to-day. This is saying a great deal, but it is said so that others may profit by my results and experience. It has been said that we have a sub-conscious mind which never sleeps, that it is always active, and takes cognizance of everything going on, even during our natural sleep, and the same I believe true during the sleep produced by an anesthetic. What surgeon has not had patients tell him that they knew what was going on during the operation, though they could feel nothing. This is particularly true immediately after the patient arouses from the anesthetic, and like hypnotic somnambulism, if the question is not asked as they are coming out of the anesthetic, they are apt to forget the facts, they are buried from remembrance.

Again the confidence of the operator is felt and influences the anesthetized patient.

By this I mean, that if the operator is excited, and not proficient to do the operation, and displays the same during the operation, the careful observer will notice that the patient acts badly under the influence of the anesthetic. In this brief monograph it is not my intention to enter into lengthy details regarding treatment by suggestion, nor best surgical procedure to follow in given cases, but rather to leave this part to text-books on such subjects, and here only call attention to the philosophy of the treatment; surgery, then suggestion, or suggestion in surgery.

A point which I desire you to bear in mind is this, that suggestions made during the anesthesia of chloroform, ether, or gas, are as powerful as suggestions

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made to the hypnotized subject in the somnambulistic state.

It is well known that by hypnotic suggestion all of the physiological actions of the body may be greatly influenced, and that it is the greatest of any single therapeutic agent. Suggestion during anesthesia is as effective in therapeutic power as the most thorough hypnotization. In all of my cases I use suggestion during the anesthetic, to heal the wound, and particularly suggestion to correct the disease and physiological workings of the body.

Suggestion in surgery finds its greatest fields of usefulness:

First. To prevent the return of disease, such as cancer.

Second. To promote healing of the surgical wound, and is second in importance only to asepsis.

Third. To remove by suggestion functional disturbances, as hereafter described.

Fourth. As an aid to the production of anesthesia, and to prevent the disagreeable after-effects of the anesthetic.

[Written for the MEDICAL BRIEF.]

Treatment of Herpes Progenitalis.

BY LOUIS L. BEEHLER, M. D.,

Ex-Demonstrator of Anatomy, Northwestern University Medical College; Formerly Physician State Hospital for Insane, Iowa; Ex-Milk Inspector, Chicago; Examiner Northwestern National Life Insurance Company, Minneapolis Fidelity Mutual, Philadelphia Security Mutual, Binghamton New York Mutual Life, New York, Etc., Etc. Chicago. Ill.

Most text books give very little space to the treatment of this disorder. If the diagnosis is incorrectly made, and some nervous individual should be the subject, much trouble might occur, especially if a diagnosis of chancre should be made, as was done in several cases. Should, however, the physician know how to correctly treat herpes progenitalis, the trouble would disappear in a week or ten days, and also clear up the diagnosis.

A thorough trial was given most of the agents mentioned by authors in their works, and proved in a series of cases to be too severe. For example, directions were given to wash the parts with hydrogen peroxide, and dust with antipyrine. This caused a smarting sensation, and the formation of a scab over the lesion which was surrounded by a red halo. So on through innumerable cases, could be mentioned the failure of most agents to stop the spreading of the herpes and the quick healing of the vesicles.

One author tells his patients to have regular intercourse. This was prescribed, and instead of causing a disappearance of the trouble, only caused an exacerbation, because during the act the patient would rub off the scab formed during the day. In a series of cases, both male and female, which were treated during the course of more important diseases from a pathological standpoint the treatment was directed to a more mild course than the application of astringent lotions and cauterization of the ulcers. In most cases occurring in the male, a neurotic taint was noted, and, strange to say, the majority of the males were married, and the trouble had occurred since their marriage. In a few cases the wives were also examined, and herpes found there also.

As for the transmissibility of herpes from one to the other, I am not prepared to state, as it is supposed to be caused by congestion of the parts. However, the fact remains that it occurred in the male after marriage without any previous attacks, and in a few cases *vice versa*. In the neurotic cases the trouble was easily averted by cold sponging, and a change of diet with more exercise.

But it is not to these occasional attacks of herpes with which we wish particularly to deal. It is he who has his new crop of vesicles, and, perhaps, bullæ with coitus. To him we wish to state how with milder methods it can be aborted, and, if the trouble should occur, it can speedily be cured.

Accepting the theory that it is caused by local congestion, and, perhaps, a sort of neurotic affair in conjunction, we wish to advise that which covers both cases. Immediately after coitus, for most cases come from this cause, the parts should be bathed in cold water. This has a double effect. It cleanses the parts, and shocks the nerve endings so that the blood vessels contract, and the patient immediately feels a soothing sensation. Herein lies

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the cure for those who accept the congestion theory, and, perhaps, the nervous type. After the parts are sufficiently cool, which the patient can easily note, they are dried carefully, because herpes forms mostly in folds and sulcæ. After the drying is completed, a pure rice powder is used. This does not mean the various borated conglomerations on the market. This powder further cools the parts, and takes all burning sensations away. In addition, it fills up the pores, and if any vesicles are then present, it likewise plugs them, and stops exudation of the water-like substance seen which simulates plasma. Allow the powder to remain on the parts until it has been brushed off, and renew it. Better results have been obtained with this simple powder than with different caustics, lotions, astringents, etc., and the patient feels a good deal better, no doubt due to the simplicity of the treatment.

4603 Indiana Avenue.

[Written for the MEDICAL BRIEF.]

Cactus Grandiflora in Cardiac Derangements.

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Cactus grandiflora (now cereus grandiflora) was first brought into notice by Dr. Rubini. It is a native of the West Indies and tropical America, and blooms in August. The flowers, which are from eight to ten inches in diameter, and have stamens two or more inches in length, are fragrant and very beautiful, blooming only at night. The branching green stems of the plant usually have four to five angles, and are beset with clusters of five or six sharp radiating needles. Both the flower and the stem of the true cereus grandiflora possess therapeutic value, inasmuch as the active principle, cactina, is resident in both. The physiological action of this principle has been studied by Dr. O. M. Meyer (*New York Med. Jour.*), and several researchers, who found it possessed a decided stimulating action on the heart, arterial tension, and the spinal motor centers.

Much of the contradictory testimony in regard to the therapeutic action of this valuable plant is generally due to the carelessness of the collector. It is only too often the case that some other member of the large family of cactaceæ has been used. The bonplandi and even several opuntias (either carelessly or maliciously, as the case may be), are employed as cereus grandiflora, and these do not possess this cardiac action. Therapeutically, it is a gentle cardiac stimulant of peculiar action. It does not affect the stomach and centers as digitalis does. It increases blood pressure by strengthening the heart beat through its direct action upon the nerves, and, therefore, is especially indicated in aortic regurgitation, where, as is well known, digitalis can not be used, and also in all functional derangements of the heart connected with anemia, neurasthenia. dyspepsia, tobacco poisoning, sexual exhaustion in low fevers, and in pseudo angina.

A tincture is prepared of the strength of two ounces of the fresh flowers to one pint of strong alcohol, the maximum dose of which is thirty minims every four hours. This valuable plant receives but scant notice from our writers on therapeutics, and when noticed, the writings give the general practitioner no idea of its value. Experience has taught me more about this than all I have read. I have been reasonably successful in using it in the form of tincture and fluid extract, but it is most conveniently administered in pill form. I have adopted that way.

In order to secure the best, I have at one time and another used all of the different formula offered by the different manufacturers, and have found that offered by the Sultan Drug Co. to be best for general use.

I have administered this drug in many ways, immediately before and after meals, midway between meals, etc., and find that I get the best effect on a comparatively empty stomach, although if necessary I give it on a full stomach, but increase the dose.

By illustration, I propose giving you the history of a case that had the most irritable heart that I have ever encountered. The heart symptoms in this case overshadowing all other, my attention was called

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to it on that account, as the patient supposed he was threatened with sudden death. His family history was bad; one brother in an insane asylum, the rest of the family peculiar. Present condition bad, much emaciated, fretful, peevish, easily irritated, had violent attacks of palpitation on the least excitement, or noise, such as a loud laugh or unexpected opening of a door. Appetite poor, digestion bad, bowels constipated, urine scanty and high colored.

As I propose this paper to only give the effect of cereus grandiflora, will say in a general way that the other symptoms received due consideration. When first seen, patient was confined to his bed, having twelve to fifteen attacks of palpitation in the twenty-four hours. Prescribed cactina pillets, one every hour while awake, and during attacks one every fifteen minutes until relieved. Within thirty-six hours the effect could be plainly perceived; patient was then ready to accept the suggestion that he would not die of heart failure. Once you secure the confidence of a patient, the rest is easy sailing. In ten days the heart attacks were entirely relieved, and at this writing, six weeks later, the patient is taking no medicine whatever, and is ready to go to work. I prefer the cactina pillets on account of their solubility and quick action; you get the full effect of the drug within fifteen minutes after administration. Then, again, this drug has no cumulative action, and may be continued indefinitely. In my hands it has had no effect on the digestive apparatus.

[Written for the MEDICAL BRIEF.]

A Study on Light, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S., LL. D.,

New York City.

(Continued from page 872.)

Chlorine and hydrogen will not unite in darkness, nor will chlorine and carbonic oxide, but, if the same gaseous mixtures are exposed to sunshine, they combine with the rapidity of an explosion. A solution of the sulphate of iron in ordinary water may be preserved for a long time in the dark without undergoing any change; expose it to the sunshine, and a precipitation of oxide of iron is very rapidly produced. The mineral chameleon, the manganesiate of potash in solution, is almost instantly decomposed in daylight, but it is a long time before it undergoes any changes in darkness. The same thing occurs with a combination of platinum and lime, and, indeed, it appears that precipitation is at all times and under all circumstances accelerated by the solar rays. As these precipitations are in exact agreement with the quantity of actinic radiation to which the solutions have been exposed, we may actually weigh off the relative quantities, representing in grains the equivalent numbers to the amount of actinism which has influenced the chemical compound.*

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*If a solution of peroxolate of iron be kept in a dark place, or if it be exposed to 212° F. for several hours, it does not undergo any sensible change in its physical properties, nor does it exhibit any phenomena which may be considered as the result of any elementary action.

"If, however, it be exposed to the influence of solar light on a glass vessel provided with a tube, the concentrated solution of oxalate of iron soon presents a very interesting phenomenon. In a short time the solution receiving the solar rays develops an infinite number of bubbles of gas, which rise in the liquor with increasing rapidity, and gives the solution the appearance of a syrup undergoing strong fermentation. This ebullition always becomes stronger and almost tumultuous when an unpolished glass tube is immersed in it with a small piece of wood; the liquid itself is afterwards thrown into ascending and descending currents, becoming gradually yellowish, turbid, and eventually precipitates protoxalate of iron, in the form of small brilliant crystals of a lemon-yellow color, gas continuing to evolve."—*Chemical action of light and formation of Humboldtine light*, Philadelphia, May, 1832, second series.—"When a solution of platinum in nitro-muriatic acid, in which the excess of acid has been neutralized by the addition of lime, and which has been well cleared by filtration, is mixed with lime water, in the dark, no precipitation, to any considerable extent, takes place for a long while; indeed, none whatever, though after very long standing a slight flocky sediment is formed, after which the action is arrested entirely. But if the mixture, either freshly made or when cleared by subsidence of this sediment is exposed to sunshine, it instantly becomes milky, and a copious formation of a white precipitate (or a pale yellow one, if the platinic solution be in excess) takes place, which subsides quickly and is easily collected. The same takes place more slowly in cloudy daylight."—*On the action of light in determining the precipitation of muriate of platinum by limewater;* being an extract from a letter from Sir John F. W. Herschel, K. H., F. R. S., etc., to Dr. Daubeney.—Philadelphia, May. 1832.

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We have evidence which appears to prove that this agency may be absorbed by simple bodies, and that by this absorption an actual change of condition is produced, in many respects analogous to those of allotropic changes. Chlorine, in its ordinary state, and hydrogen, do not combine in the dark. If we employ the yellow medium of chlorine gas, for the purpose of analyzing the sun's rays previously to their falling upon some chemical compound which is sensitive to actinic power, we shall find that the chlorine obstructs all this actinism, and our unstable compound remains unchanged. But that chlorine which has interrupted this wonderful agent, appears to have absorbed it, and it is so far altered in its constitution that it will unite with hydrogen in the dark.*

In like manner, if of two portion of the same solution of sulphate of iron one is kept in the dark and the other exposed to sunshine, it will be found that the solution which has been exposed will precipitate gold and silver from its combinations, much more speedily than the one which has been preserved in darkness. It was once, and not so many years back, that a few chemical compounds, such as iodide of silver, the daguerreotype and calotype material, chloride of silver, the ordinary photographic agent, a few salts of gold, and one or two of lead and iron, were the only materials upon which this very remarkable change was produced.

We now know it is impossible to expose any body, simple or compound, to the sun's rays without its being influenced by this chemical and molecular disturbing power. To take our example from inorganic nature, the granite rock which presents its unlifted head in firmness to the driving storm, the stones which genius has framed into forms of architectural beauty, or the metal which is intended to commemorate the great acts of man, and which in the human form proclaims the hero's deeds and the artist's talent, are all alike destructively acted upon during the hours of sunshine, and, but for provisions of Nature no less wonderful, would soon perish under the delicate touch of the most subtile of the agencies of the universe.

Niepce was the first to show that those bodies which underwent this change during daylight, possessed the power of restoring themselves to their original conditions during the hours of night, when this excitement was no longer influencing them.

Resins, and a host of other chemicals, etc., and numerous photographic preparations, show this in a remarkable manner.*

In reference to the chemical agency of light—the luminous rays—I avoided until we come to the consideration of this particular question of chemical change.

Upon organic compounds, as, for instance, upon the coloring matter of leaves and flowers, light does exert a chemical power, and it is found that vegetable colors are bleached, not by rays of their own character, but by those which are complementary to them.

A red dye fades under the influence of a green ray, and a yellow under that of a blue one, much more speedily than when exposed to rays of any other color.†

It was long a question whether the decomposition of carbonic acid by plants was due to the luminous or the chemical rays. It is now clearly established that the luminous rays are the most active in producing this effect, which they do, in all probabality, only indirectly, by exciting the vital powers of the organized

*On a Change Produced by Exposure to the Beams of the Sun in the Properties of an Elementary Substance, by Prof. Draper; On the Changes Which Bodies Undergo in the Dark, by Robert Hunt.—Report of the thirteenth meeting of the British Association, Vol. XII.

Description of the Tithonometer, an instrument for measuring the chemical force of the indigo-tithonic rays, by J. W. Draper, M. D., Philosophical Mag., D. O., 1843, Vol. XXIII.

*For several illustrations of this remarkable phenomenon see "On the Action of the Rays of the Solar Spectrum on Vegetable Colors," or "Some New Photographic Processes;" by Sir John F. W. Herschel, Phil. Trans., June, 1842, Vol. CXXXIII.

†It was also observed that the rays effective in destroying a given tint are, in a great many cases, those whose union produces a color complementary to the tint destroyed, or at least one belonging to that class of colors to which such complementary tint may be referred. For example, yellows tending toward orange are destroyed with more energy by the blue rays; blue by the red, orange and yellow rays: purples and pinks by yellow and green rays."—Sir J. F. W. Herschel, "On the Action of the Rays of the Solar Spectrum on Vegetable Colors."—Phila. Trans., Vol. CXXXIII, 1842.

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structures, to which we would refer this phenomenon to gaseous decomposition.*

We have records and some chemical phenomena due to heat, particularly those experiments of Count Rumford's, which appeared to him to prove that the chemical agency of the sun's rays was due to its calorific power.

A certain class of chemical phenomena, we know, may be produced by thermic action, both radiant and direct, but the only class of thermo-chemical action, which connects itself immediately with the solar radiations, belongs to a class of rays to which the name of parathermic has been given, and to which belong the scorching, as it is called, of plants, the branding of the autumnal leaves, and probably the ripening of fruits. Later I will take into consideration those physical phenomena which belong to the growth of plants; all these peculiarities of solar action will be spoken off in detail.

*The following memoirs and works are necessary to a complete history of the inquiry: Experiments and observations relating to various branches of natural philosophy, with a continuation of the observation on air, by Dr. Priestly, London, 1779. Memoires Physico-Chimiques, etc., by J. Senebier. Experience sur les végétaux, by De la Ville, Paris, 1782, and Phil. Trans., 1782. Observation sur les experiences de M. Tugenhausz, by De la Ville, Roz. obs., 23, 290. Experiences propres à developper les effets de la lumiére sur certaines plantes, by Tessier; Mem. de l'Ac. des Sc. de Paris, 1783, p. 132; Licht Mag., IV., 4, 146. Sur la vertu de l' eau impregnée d' air fixe pour en obtenir par le moyen des plantes et de la lumiére du soleil de l' air dephlogistique, by Ingenhauz; Ros. obs. 24, 337. Experiences sur l' action de la lumiére solaire dans la végétation, by Senebier, Genève et Paris, 1788, p. 61. Extrait des experiences de M. Senebier sur l' action de la lumiére solaire dans la végétation, by Hasenfratz; Ann. Chim. III, 55 w. 266. Experiences relatives a la influence de la lumiére sur quelques végétaux, by Decandolle; Jour. de Ph., III, 124; Voigts Mag., II, 483; Gilb. Ann. XIII, 372; Mem. des Sav. Extr., I, 329. Recherches chimiques sur la végétation, by Sansure; Ann. Chim. I, 225; Jour. de Ph., LVII, p. 393; Gilb. Ann., XVIII, 208. Recherches sur la respiration des plantes exposées a la lumiére du soleil, by Ruhland; Ann. Ch. Ph., III, 411; Jour. de Ph., 1816, on the action of light upon plants and of plants upon the atmosphere, by Dr. Daubeny, Phil. Trans., CXXVII, January, 1836. On the action of yellow light in producing the green color, and indigo light, the movements of plants, by P. Corduer, Phil. Mag., XXIV; Bibl. Univ. XVIX, p. 376; and LII, p. 381. On the influence of light on plants, by R. Hunt; Phil. Mag., XXIV, p. 66; Bibl. Univ. XLIX, p. 383; Athen., 1844. Note on the decomposition of carbonic acid by the leaves of plants under the influence of yellow light, by Draper; Phil. Mag., XXV, p. 169. On the action of the yellow rays of light on vegetation, by Harkness; Phil. Mag., XXV, p. 339. Influence des rayons solaires sur les végétation, by Zantedeschi, Inst. No. 541, p. 157.

The manner in which we find the actinic power influencing electrical action, also shows us that this balance of force is continued through all the great principles of nature. Of course, there is still much to be learned in connection with all this. If a galvanic arrangement is made, by which small quantities of metals may be slowly precipitated at one of the poles in the dark, and a similar arrangement be exposed to sunshine, it will be found that no metal will be deposited. The sun's rays have interfered with the decomposing power of the electrical current; at the same time we learn that by throwing a beam of light upon a plate of copper, forming one of a galvanic pair, whilst it is under the influence of an acidulated solution, an additional excitation takes place, and the galvanometer will indicate the passage of an increased current.

These two dissimilar actions appear enigmatical, but they may, there is no doubt, receive some solution from the influence of different rays on the contrary poles of the battery. One thing is quite evident, electricity suffers a disturbance of our order by light, and by its associated principles in the sunbeam, and excitement of another. If a yellow glass is interposed between the galvanic arrangement and the sun, the electro-chemical precipitation goes on in the same manner as it would in darkness, and no extra-excitement is produced upon the plates of the battery. From this it would appear that actinism and not light is to be regarded as the actively disturbing power.

836 Lexington Avenue.

(To be continued.)

I enclose you one dollar for the MEDICAL BRIEF. I do not want a better medical journal. I have read several and the BRIEF is the best that I have struck. More real good, common horse sense, just what we want in this old world to-day.—W. A. DOBB, M. D., Smithville, Miss.

*Memoir on the Constitution of the Solar Spectrum, presented at the meeting of the Academy of Science, 1842, by M. Edmond Becquerl; Des effectes produits sur les corps par les rayons solaires; par M. E. Bequerel, aide du Muséum d'Histoire Naturelle. Memoire présenté à l'Academia des Sciences, le 23 Octobre, 1843.

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[Written for the MEDICAL BRIEF.]

Drugs That Should Not Be Used or Employed During Pregnancy.

BY S. K. MONTGOMERY, M. D.,
Ryan, I. T.

In a general way, all therapeutical intervention should be eliminated when it is followed by abortion or premature labor.

Emmenagogues should be banished from the treatment not only in pregnant women, but in case of those in whom there is a suspicion of the possibility of the beginning of pregnancy.

There are no abortive drugs, in the strict sense of the word; but there are drugs which, given in toxic doses, may cause at the same time both abortion and the death of the woman. These drugs are therefore useless and inefficacious, and there is danger of poisoning to the woman.

With regard to ecbolic and oxytocic drugs, they belong to another class, and have the property of arousing and aiding the progress of uterine contractions after they have been aroused.

The action of the latter is certain, that of the former doubtful.

The action of quinine sulphate and of soda salicylate is not to provoke abortion or premature labor—that would be very much to be regretted, as obstetrical therapeutics would be deprived of two valuable drugs. Drugs that have that property may, however, be advantageously employed in cases of contraction of the pelvis in which it is expressly indicated to interrupt the course of pregnancy.

The abortive or ecbolic action of quinine sulphate has been discussed by many writers whose investigations and experiments show that this drug should not be considered as an abortive agent.

I call to mind several cases in which there was contraction of the pelvis, and it was necessary to interrupt the pregnancy; this drug was given every day in large doses without producing the least symptoms of labor, yet it was given in amounts that if not toxic, were at least sufficient to cause quinine intoxication.

There should be no hesitation in employing quinine sulphate during pregnancy, whenever symptoms of malarial infection manifest themselves, and these cases are rather frequent, pregnancy serving to arouse in some way the previously dormant infection; it is the same with sodium salicylate; only ergot, because of its oxytocic properties, should be rejected, even in cases of hemorrhages during pregnancy, or not to cause tetanization of the uterine fibers. Narcotic, analgesic or anesthetic drugs may be administered without fear when their employment is justified, and may be of great benefit to the parturient woman. The different preparations of belladonna of stramonium may be employed; also antipyrine, opium, chloral and chloroform or ether. In case of threatening abortion. tincture opii with Hayden's vib. com., is admirably borne, and tincture opii with chloral hydrate can be used in sterile water in enemata, and sometimes gives very fine results. It is the same also of chloral in vomiting and of chloroform, which is employed during pregnancy to clear up the diagnosis and ascertain the exact configuration of the pelvic cavity in order to reduce retroversion of the gravid pelvis and to facilitate version by external meatus.

The different mercurial preparations are administered not only in cases of acknowledged syphilis, but also in doubtful and unacknowledged cases, when the physician finds himself in the presence of a series of abortions or premature births of macerated infants.

Concerning the administration of purgatives under the pretext that in the beginning of pregnancy it is dangerous to use purgatives, some women reach an extraordinary condition of constipation, which is much graver than the possibility of the danger they fear. In a general way it is of great advantage to keep the functions of the intestines in a good, healthy and regular condition by the use of castor oil, cascara, senna, enemata of boiled water.

In regard to bathing. This favors the functions of all the organs, and particularly of the skin, and pregnant women should keep clean and not bathe at a time corresponding with the last menstruation.

Concerning vaginal injections, they are not objectionable where some precautions are given in regard to their use, and not cause traumatism to neck of uterus.

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BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Retention of Urine After Labor.—Do not pass the catheter. It is not necessary, and is liable to infect the bladder, and produce a regrettable case of cystitis. Simply direct that patient be given a large enema of warm water, and when the water is expelled from bowel the urine will pass at same time. I have never known this procedure to fail.—L. C. Allen, M. D., Hoschton, Ga.

[Written for the MEDICAL BRIEF.]

General Paresis of the Insane.—This disease attacks persons in middle life who have carried heavy financial burdens, or in whose lives strain and stress have been long continued, and alcohol and sexual excesses pronounced.

Headache, vertigo and epileptiform seizures may usher in the attack. The countenance becomes dull and immobile, a fine tremor appears about the mouth and eyes, the voice grows monotonous; test words, such as "truly rural," are pronounced with difficulty.

Dullness of comprehension, unaccustomed oversights, errors in judgment and memory defects are forerunners of extravagant conduct, impracticable business schemes and absurd and expansive delusions of grandeur, wealth and power. The prognosis is hopeless.—Clara Barrus, M. D., Middletown, N. Y.

[Written for the MEDICAL BRIEF.]

Hay Fever; Cause and Treatment.—No two have the same idea as to cause, pathology, or treatment. I can only speak from my own careful study and experience. I find the trouble exists mostly through August, and the first part of September, during sudden climatic changes. If, as some physicians claim, it is due to pollen from plants and weeds, why do not more have it? Because the system is not in condition to take it. Then why not look to your patient's health? Find the cause, examine urine for uric acid or hepatic disorders. To save time, treat for both. The treatment that has stood the test, giving the best results in my practice for the past three years, curing in four to ten days, has been: Tablets salacetin (Bell's), five grains, one every three hours; tablet coryza (Dr. S. McEnen Smith), five grains, one every two hours; saline laxative, two drachms in a glass of water before breakfast.—G. H. Beckley, M. D., West Derry, N. H.

[Written for the MEDICAL BRIEF.]

Hay Fever.—The exact pathology of hay fever is still undetermined. Pending the solution of this problem, any practical suggestion, as to treatment, must be welcome to the profession, and to the many sufferers from that distressing ailment.

I have been a hay fever subject from my youth, and have tried a great variety of remedies, learned from personal experience, and a somewhat extended reading upon the subject.

I have also tested the newer remedies recently brought forward, as the consummation of scientific research and pharmaceutical skill. I also availed myself of the valued and helpful advice of several specialists, but no single remedy or prescription has proven so beneficial as the wearing of what are called smoked

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glasses, of medium shade, when exposed to bright sunlight.

The idea is not original with me. I learned it from the experience of Dr. Frank E. Stowell, of Worcester, Mass., given in some lay paper. My experience is brief—about six weeks in midsummer, but highly favorable for the wearing of colored glasses for hay fever.—S. Birdsall, M. D., Susquehanna, Pa.

[Written for the MEDICAL BRIEF.]

Ring Worm.—A sure cure for ring worm is to take salicylic acid and rub it up with glycerine till a thick paste is formed, and apply once a day to the affected part, and the affection is quickly cured.—F. H. Benedict, M. D., Weedsport, N. Y.

[Written for the MEDICAL BRIEF.]

Catarrh.—This is the season of the year when we may be called upon to treat catarrhal troubles of the nose and throat. The following formula has served me admirably in naso-pharyngeal catarrh:

℞ Pv. Alum.....10 grains.
Ol. Gaultheria.....15 drops.
Ol. Cinnamon.....15 drops.
Creosote.....15 drops.
Aquæ Puræ.....q. s. ad..... 8 ounces.

M. Sig.: Shake well. Use in atomizer morning and evening.

—O. W. Bonner, M. D., Delaware, Ohio.

[Written for the MEDICAL BRIEF.]

Chronic Pneumonia, Especially in Malarial Districts.—Having had considerable experience, especially among children, with chronic pneumonia, I have found the following prescription superior to all others:

	Gm. or C.C.
℞ Quin. Sulphas.....	1.5
Ammonium Chlorid.....	2.
Syr. Senegæ.....	12.
Syr. Prun. Virg.....	20.
Syrupus.....q. s. ad.....	60.

M. Sig.: Teaspoonful every four hours for child six to eight years old.

This, together with emp. canthar. (3x4), over site of severest pain or disease gives the happiest results in nearly all cases.

The above is not very palatable, but surely does the work. Though some of these cases were diagnosed as tuberculosis, microscopical examination of sputum precluded tubercular trouble, and all made good recoveries, even in cases of many months' duration.—G. L. Broadrup, M. D., Cumberland, Md.

[Written for the MEDICAL BRIEF.]

Echinacea Angustifolia.—I wish to say a few words through the MEDICAL BRIEF about echinacea angustifolia, as my experience with it has been very satisfactory. In addition to its being a tonic and an alterative of great value, I esteem it as one of our best eliminators.

It acts freely upon the genito-urinary organs, increasing the flow of urine, and eliminating the effete matter from the system through the kidneys. I regard it as a valuable remedy in the treatment of appendicitis, cellulitis, prostatitis, and the puerperal state. In fact, I prescribe it with confidence when I fear septicemia or try to prevent suppuration.—M. P. Boyd, M. D., Farmville, Tenn.

[Written for the MEDICAL BRIEF.]

Appendicitis.—First recognizing appendicitis (typhlitis) in 1868, my present conclusions are that lump cases never become fulminating, radical operative measures extremely hazardous in these. Nature in all save a small per cent of such cases cures in from six months to two years. If suppuration ensues and progresses, await its approach to the surface, and at the opportune moment make a long incision parallel to Poupart's ligament, and pack from the bottom, using sterile gauze; thus not entering the peritoneal cavity. Operative risk is almost nothing. In these cases with much adhesion, if operate you will, let the incision be long, reserving the short incision for use only where the appendix is free.—M. S. Browne, M. D., Winchester, Ky.

[Written for the MEDICAL BRIEF.]

More Thoughts on Pollen.—The remarks by Dr. McCall, on page 808 of the September BRIEF on pollen, seem to me to be a timely opening of an almost neglected subject. There can be no doubt but that man is affected by many forces in Nature, to which he is oftentimes a stranger. That the nectar and pollen of many plants have marked narcotic and

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intoxicating properties, has long been known. Many of the bees, coleopterous, lepidopterous and dipterous insects, after partaking of the pollen, or of the nectar of the cosmos, for instance, fall to the ground, and lie supine in a state of complete helplessness. The cosmos is rich in pollen. Dr. J. M. Weir, Jr., by whom these observations were made, having satisfied himself with the accuracy of his deductions, collected a half-teaspoonful of the pollen and swallowed it. In about fifteen minutes there was an acceleration of pulse, with a feeling of increased warmth. There was also slight exhilaration. Later, the experiment was continued by hypodermatic injections of a solution made from the pollen. The symptoms being an exaggeration of the above with slight nausea. All these observed facts certainly go to prove that in pollen we have a natural substance, which in its effect upon man may be responsible for much. Whether this effect is physiologic or pathologic in action is as yet unknown, the evidence at hand seeming to prove that it is both, but surely so powerful a factor as pollen is not without its effect upon man.—F. B. Brubaker, M. D., Mifflinburg, Pa.

[Written for the MEDICAL BRIEF.]

Hysterics.—A good treatment for what is known as hysterics, is as follows: The first thing, give one drachm of the fluid extract of lobelia; repeat this until patient vomits freely. After vomiting, give five or ten grains of calomel, and dilate the rectum fully. Then leave the patient on neurilla, a teaspoonful every four hours.—J. A. Burnett, M. D., Pauline, Ark.

[Written for the MEDICAL BRIEF.]

Diphtheria and Croup.—The "authorities" to the contrary notwithstanding, there is a difference in the two diseases. A seasonable suggestion, that the BRIEF family will do well to bear in mind is, that in the treatment of the latter disease, we have a remedy that can be absolutely relied on in dark iodide of lime. Give in doses of one-third grain, dissolved in hot water every fifteen to thirty minutes, according to the urgency of the symptoms. Lengthen time between doses as breathing improves. Give with a free hand, and do not fear bad results. Do not give the iodide of calcium of commerce, but get the so-called dark iodide of lime or iodized lime made by Billings, Clapp Co., Boston, Mass.—L. C. Chenoweth, M. D., Webb City, Mo.

[Written for the MEDICAL BRIEF.]

Constipation.—Cure your cases of constipation. Do not be content to scrape them out every few days, and thus callus their intestines and aggravate the trouble. How? By habit and drinking plenty of water. What kind of water? Pure, natural water, such as God meant us to drink. How much? A large tumbler full during each waking hour. Hot or cold? Do not care. Not iced. Try it for a month.—C. H. Church, M. D., Nutley, N. J.

[Written for the MEDICAL BRIEF.]

Rheumatism and Lumbago.—As winter is approaching, bringing that dread disease rheumatism with it, I desire to give the experience of a sufferer from it, for a number of years, who is sixty years old, and is able to stand the hardships of a country doctor. I attribute my cure to a tablet composed of C. P. calcium, lithium, and colchicine, an ideal uric acid solvent, with saline laxative enough to cause free action of the bowels. Am fully satisfied after an experience of thirty-eight years' practice that this is the only natural and most effective treatment—never think of a failure with this treatment. The same for lumbago, with the external use of bi-sulphide carbon along the painful nerve. I can not too strongly urge the readers of the BRIEF to give this a trial.—W. S. Cline, M. D., Woodstock, Va.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—Tr. fer. mur., ten drops, in water, every two hours, in alternation with soda salicylas, ten grains, in water, every two hours, has been my foundation treatment for typhoid fever since I first prescribed it, sixteen years ago. I disregard the indications for acids or alkalies, as I was taught, and give it to all cases, together with turpentine for

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dry tongue or tympanites—ergot for headache and insomnia—baths to reduce temperature, and milk for diet.

A liberal experience has led me to try all plans of treatment, but the above has been found more promptly curative than any other, and more nearly abortive than the famous Woodbridge treatment.—A. B. Conklin, M. D., Ambler, Pa.

[Written for the MEDICAL BRIEF.]

Night Sweats.—For eleven years I have used the following prescription without a failure. Neither has any doctor to my knowledge that I have given it to. I have always asked them to report, and it has invariably been successful. Where I got it, I do not know:

℞ Atropinæ Sulphas.....1 grain.
Morphia Sulph.....8 grains.
Arom. Sulph. Acid.....2 drachms.
Decoc. Sage.....q. s. ad....1 ounce.

M. Sig.: Three to five drops in sweetened water every three hours at night.

This is a powerful remedy, and should be handled carefully, and not trusted to everyone to handle. Made of fresh drugs, and properly compounded, you can rely on it every time. Give only enough each night to stop the sweat.—T. Jax. Cole, M. D., Van Wert, Ohio.

[Written for the MEDICAL BRIEF.]

Inflammation.—To relieve pain, and reduce inflammation in contused injuries, inflamed joints, and cellular tissue, wherever located, I have found ichthyol with petrolatum, or lanoline, used in twenty to twenty-five per cent strength, one of the best remedies to be had.

Spread thickly on lint or soft muslin, and apply to part affected. Cover with absorbent cotton, and bind on. Change every twelve to twenty-four hours.—R. M. A. Davis, M. D., Salem, N. J.

[Written for the MEDICAL BRIEF.]

Idiosyncrasy to Atropine.—Some years ago I was called to see an old lady who had been suffering a great many years with asthma. The paroxysm was something terrible. I decided to give her a double dose of atropine. I did not notice until after two tablets had been given hypodermically that they were one-fiftieth grain each. I returned within an hour much exercised to think this mistake had been made, when I was greeted with a cheery announcement from the patient that she had never felt so well in her life, and never had been relieved so quickly before; this in contrast with another case of a young woman, twenty years old, who received per orum one one-hundred-and-twentieth grain of atropine, resulting within an hour the flushed face, complete dilation of pupil, pharyngeal pain, dry tongue, and mild delirium.—E. E. Dorr, M. D., DesMoines, Iowa.

[Written for the MEDICAL BRIEF.]

Drug Habit.—I presume I have a right to express my experience as to the treatment of the morphine habit, after over eleven years of practical work. I have seen not a few articles advocating the gradual reduction process. My experience has been that it is not practical, nor can it be used in an institution, as the care and tediousness are too much for both patient and physician, not to say anything about the expense to the patient. I do not believe it possible to so reduce that the patient will not experience any feelings of withdrawal. I have carried down for two months, and could not cut off without the patient making a howl. I believe that something else would have to be given in the solution in order to hold the patient. I think such treatment in private practice a delusion. With my experience, not a morphine patient in a hundred can be trusted, and the greatest care and vigilance must be maintained, or we will not cure one of them. I had a patient deceive a professional nurse for two weeks, and only succeeded in treating her by moving her from one room to another in her night-robe, and not allowing her to go out of the room, or anyone but the nurse and myself to go in. She wanted to be cured. I simply give that case as an example.

Morphine to most users is fascinating, and there is no honest desire to be rid of it, and only when the time comes when it takes so much to affect them, or the patient has a severe time, and becomes alarmed as to life, are they willing to give it up. I feel it practically impossible to effect a cure by any home treatment, or

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even by the gradual reduction process, unless the patient is under the constant care of a trusted person. They will pretend they are cured, and not taking any, when they are not cured, and wish to have the tension relaxed. The points I wish to bring out are: the time required to effect a cure is too long; the expense is too great in an institution; outside, there is too much liberty, and the temptation to get something to help them out when they are not feeling well is too strong. They all have their off days, and will take anything to feel better. They will not suffer or feel uncomfortable willingly. The theory may sound plausible, but it is not workable.—Geo. H. De Nike, M. D., Clinton, N. Y.

[Written for the MEDICAL BRIEF.]

Therapeutic Suggestions.—In anasarca and acites, fl. ext. apocynum cannabinum, ten to fifteen drops, three times a day, is frequently the most valuable remedy. May add Fowler's sol., five drops to the dose, but it does not combine well with any other drugs.

In asthma, a hypodermic of one-twentieth to one-eighth grain pilocarpine, repeated in an hour, if needed, is usually more prompt in relieving, than either morphia, atropia, or strychnia. I have seen cases much relieved by the use of:

℞ Potass. Iod.....1 drachm.
Tr. Phytolacca.....2 drachms.
Tr. Belladon.....2 drachms.
Tr. Sanguinaria.....1 drachm.
Aquæ....ad. q. s.....2 ounces.

M. Sig.: Half-teaspoonful every two hours, until eased, then teaspoonful three times a day.

In the humid variety, nitrate of sanguinaria, one-fiftieth grain, every two hours, will be found of benefit.

In chorea, fl. ext. scutellaria and cimicifuga, with bromide of soda, forms one of the best modes of treatment.—R. D. Elderdice, M. D., McKnightstown, Pa.

[Written for the MEDICAL BRIEF.]

Urinary Diseases.—In cases of spermatorrhea, cystitis and prostatic enlargement, sanmetto is my first thought, and usually cures. Then when it comes to a reconstructive to the uterine system, a combination of aletris cordial Rio and sanmetto has a happy effect, indeed. Neurilla is simply immense in teething children. I use it largely. I take the BRIEF, and it is O. K. I get many useful ideas from it.—E. M. Farrow, M. D., Gordon, Tex.

[Written for the MEDICAL BRIEF.]

Blind, Bleeding, Itching and Protruding Piles.—For eighteen years I have used the following treatment with good results in every case, and have cured all my cases without resorting to any surgical treatment whatever:

℞ Pd. Opii..... 1 grain.
Pd. Ergot..... ½ grain.
Pd. Tannic Acid..... ½ grain.
Acid Carbolic..... ½ grain.
Menthol ..... 1 grain.
Cacao Butter....q. s. ad....15 grains.

M. Ft. Rectal suppository No. 1. Sig.: After each stool use an injection of hot water, hot as can be used, then introduce one suppository.

For the itching around the rectum I apply the following ointment, night and morning:

℞ Menthol .....12 grains.
Bismuth Subnit..... 1 drachm.
Vaseline.....q. s. ad..... 1 ounce.
M.

For constipation, if present:

℞ Fl. Ex. Cascara Sagrada.....1 ounce.
Tinct. Nucis Vomica.....1 drachm.
Tinct. Bellaldonnæ. .....1 drachm.
Elix. Simplex.....q. s. ad....4 ounces.

M. Sig.: One teaspoonful every night, or sufficient to cause one natural movement every day.

—Geo. R. Fellows, M. D., Newburyport, Mass.

[Written for the MEDICAL BRIEF.]

Ischio-Rectal Abscess.—Post-operative treatment. Very little is said on this subject in books of surgery. The line of treatment I have pursued has, in every case, been followed by the best of results. It is especially recommended where there has been a fistula in ano.

After operation, the abscess cavity and rectum should be irrigated for from five to ten minutes with a hot one-tenth of one per cent nitrate of silver solution, and the cavity thoroughly packed with gauze saturated with a glycerine aristol emulsion, a small amount of same emulsion to be injected into rectum.

This treatment should be given every day for three days, and continued until walls have united by dry packing.—A. J. Gardner, M. D., Wymore, Neb.

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[Written for the MEDICAL BRIEF.]

Gastric Ulcer.—To control pain, vomiting and hemorrhage of gastric ulcer, there is nothing better than:

℞ Adrenalin Solution (1-1000)..20 drops.
Cocain Muriat..... ½ grain.
Water ..... 1 ounce.
M. Sig.: The entire amount to be taken at one dose.

The result is immediate. Pain, vomiting and other distressing symptoms are relieved at once. Rarely is a second dose required. In cases of hemorrhage, it is advisable to repeat the dose once or twice at intervals of twenty or thirty minutes. I have not had an opportunity of using this remedy in gastric cancer, but I am satisfied it will give equally good results. —Wm. Flegenheimer, M. D., Richmond, Va.

[Written for the MEDICAL BRIEF.]

Puerperal Eclampsia.—Few practitioners realize the beneficial results to be derived from the use of normal salt solution in the treatment of puerperal eclampsia.

Recently I was called in consultation to see a patient with puerperal convulsions. The patient had passed the different stages of convulsions, viz., antipartum, entrapartum and postpartum. All the time-worn remedies had been tried, with the patient growing steadily worse. We improvised a saline apparatus by using a fountain syringe, and an aspirating needle, and with this apparatus we injected one quart of normal salt solution under each breast. After this procedure, the convulsions immediately ceased; although the patient did not regain consciousness for forty-eight hours, she made an uninterrupted recovery.—H. H. Frazier, M. D., Moscow, Mich.

[Written for the MEDICAL BRIEF.]

Puerperal Sepsis.—The treatment of puerperal fever is both general and local, but it is especially the local treatment to which I wish to call attention. As soon as a diagnosis is made, the patient should be placed in the dorsal position, with buttocks resting on a rubber pad. Disinfect the external genitalia, and douche vagina and uterus with a sublimate solution, one two-thousandth; then thoroughly, but lightly, curette the walls of the uterus until nothing but bright blood is brought away. A second intra-uterine douche, one two-thousandth sublimate, completes the treatment. If a little uterine colic follows, use an opiate. Anyone trying this as directed will be pleased with results.—C. C. Gentry, M. D., Antrim, Pa.

[Written for the MEDICAL BRIEF.]

Dysentery.—I have had remarkable success in these cases with ferrum phosphoricum and kali muriaticum, much better than the ordinary treatment. Given a case with high temperature—which seldom occurs—the iron should be given in larger doses till temperature lowers, and then in smaller doses till recovery. The chloride of potassium should be given from start to finish, either in alternation or combination with the ferrum. Usually they are to be combined, one drachm of the 3x trituration of each to half glass of water, administering a teaspoonful of the mixture every one or two hours. The bowels should be thoroughly cleansed with magnesium sulphate before beginning the above treatment.—W. E. Kinnett, M. D., Yorkville, Ill.

[Written for the MEDICAL BRIEF.]

The General Practitioner.—The most pressing problem before the medical profession to-day is reform of the business methods of the general practitioner. The traditions of the past—from the time that our ancestors were juggling priests and slaves of the patricians—still hang over the profession as a hideous nightmare. Our great leaders are, it seems, still floundering in the bogs of medical paternalism. Their great burden is how to get the general practitioner to give his time and talents to the dear public for nothing. Common justice demands that hurry calls should be a preferred debt, and in case of paupers, a charge against the public, but no big man in the profession, so far as I know, has ever had the courage to advocate such a measure of simple justice to the general practitioner. The dentist can fill the local papers of his town with laudation of himself and his work, and be ethical; so can the druggist, the osteopath and the manufacturer

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of medicines. The minister can advertise himself in the pulpit, and the lawyer in the courthouse, but the ordinary physician must not tell the public what he can do; that is, not directly, but must organize a hospital, get a professorship, a public office, or a capper, or employ still more despicable methods to get himself before the public. We all advertise, of course, but what a contemptible business it is. I am not prepared to say just how far, and in what respect our so-called unwritten code of ethics should be revised and amended, but some change must come soon, or else the dam will break, and there will be an inundation. Will some Moses please step forward and lead the medical profession out of the wilderness? —Christian Johnson, M. D., Willmar, Minn.

[Written for the MEDICAL BRIEF.]

Electric Machine.—The time and expense required to keep the modern portable electric machine in order, deters many physicians from studying and using this valuable branch of therapeutics. In order to overcome these difficulties, allow me to suggest the old reliable Davis & Kidder patent magneto-electric machine. This battery is portable and inexpensive, and even without ordinary care will last for years. It is an excellent mechanical vibrator, and the intelligent operator can produce stimulation or sedation at will. With the necessary electrodes you have an incomparable outfit for the treatment of hepatic and nephritic colic, constipation, intussusception, strangulated hernia, etc.—A. P. Latham, M. D., Vine Grove, Ky.

[Written for the MEDICAL BRIEF.]

Hemorrhoids.—Apply locally a solution of iodine and glycerine to commence with, about as follows:

℞ Potass. Iodid..... 2.
Iodi 20
Glycerine .....85.
M.

Have patient take a warm sitz bath, and then apply hourly small pledgets of absorbent cotton dipped in the solution.

Using your judgment, gradually decrease the number of applications, but make the solution stronger up to five grammes pot. iodid., and two grammes iodine to thirty-five grammes glycerine. Keep up for several days, watching the case closely, and you will get a nice fee. I have used this for several years, and have made much money from it.—L. W. Lord, M. D., West Ossipee, N. H.

[Written for the MEDICAL BRIEF.]

Tubercular, Rheumatic and Traumatic Arthritis and Myositis.—These and kindred inflammations respond readily to the application of super-heated air. Dry hot air acts upon the superficial vessels, dilating them, and, thereby, accelerating the circulation of blood in the veins; the resorption of the lymphatic vessels, and the increase of the absorption through the skin by opening its pores.

The higher the temperature used and the longer its application, the better are the results. A temperature of 300° F. applied for forty to sixty minutes is within the limit of reason.—C. S. Maxwell, M. D., Beaufort, N. C.

[Written for the MEDICAL BRIEF.]

Wild Yam in the Treatment of Hepatic Indigestion.—I have found no remedy so serviceable in the treatment of those symptoms which attend the passage of gall-stones as dioscorea villosa. The drug was first brought to my notice by Dr. C. L. Bonifield, of Cincinnati, about two years ago, since which time I have employed it quite often, and with very gratifying results. Shoemaker, in his **materia medica**, edition 1889, gives the following symptoms as an indication for its use: "A yellowish discoloration of the skin and conjunctiva, joined with colicky pains and nausea." The dose employed is fifteen drops of the fluid extract before meals. See paper by Dr. Shoemaker in journal American Medical Association, September 1, 1889.—B. K. Menefee, M. D., Walton, Ky.

[Written for the MEDICAL BRIEF.]

The Surgical Razor.—No surgical bag should be packed without the addition of a first-class razor, in good condition; that is, as sharp as possible. It should have a short blade well rounded at the end, and full hollow ground. The handle should be of metal, as well as the razor

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case. Your barber will keep it honed for you at a small expense. Do not boil it, but immerse it for a minute or so in a ten per cent formalin solution, and after in pure alcohol.

Use it before every operation you undertake on a hair-growing surface, and shave carefully the entire field of operation. In lacerations of the scalp, never forget it, for it removes the most common source of infection.

With a pair of flat scissors cut away the hair for at least one inch from the edges of the wound, wash with green soap and water, and then shave with the lather of the green soap. It then gives you a good field to sterilize and to work on, and if the wound does become infected, a better field to dress.—Louis E. Poole, M. D., West Hoboken, N. J.

[Written for the MEDICAL BRIEF.]

Bichloride of Mercury Solution.—In cases of inflammation of the joints, whether from septic, rheumatic or traumatic causes, do not forget to bandage the parts carefully, and keep the dressing saturated with a solution of bichloride of mercury, one two-thousandth, if you desire quick results.

In cases of vegetable poisoning, it will be found to be very efficient by bathing the parts affected every hour in the same strength solution.

In severe cases of erysipelas, apply it to the parts affected in the form of a saturated dressing, hot, renewing the dressing frequently until the trouble is overcome. No other external medication is needed when properly applied. The strength of the medicine is varied according to the sensitive condition of the skin.—C. O. Ozias, M. D., Warrensburg, Mo.

[Written for the MEDICAL BRIEF.]

Castor Oil in Typhoid Fever.—Experience extensive. If seen in very initial stage, give as an initiative a purgative dose of calomel, then from one to six one-drachm doses of castor oil in twenty-four hours. Keep the bowels in a thoroughly lax condition. If indicated by the appearance of tympanites, add a few drops of spirits turpentine. Avoid fermentative foods. Give stimulants early, but rely on your castor oil to keep system clear of germs, etc. In the great majority of cases, your patient will be well on the road to recovery by the end of the third week. Temperature rarely reaches 102° F.—Geo. W. Reed, M. D., Biltmore, N. C.

[Written for the MEDICAL BRIEF.]

Bronchitis.—The time of the year is coming when a large percentage of our work is colds. The physician who is able to clean up bronchitis, "that troublesome cough," quickly, often gets more credit from the patients and their friends than for handling some of the more serious cases. A remedy which I have used satisfactorily the past eight years, is the emulsion lini (the emulsion of linseed oil). With this emulsion combine dilute hydrocyanic acid, codeine, heroin, morphine, or chloral, as indicated. Give one-half ounce of the emulsion one hour after meals and at bed time, if the cough annoys during the night.—C. B. Smith, M. D., Washington, N. J.

[Written for the MEDICAL BRIEF.]

Affections of the Lungs.—In acute affections of the lungs, such as bronchitis and pneumonia, I have had better results for the first three days, from the internal administration of small doses of ipecac and aconite, in alternation, than any other medicines.

First, relieve the stomach and intestines of all fermentative matter, giving plenty of cold water to drink. Nourishment should be limited, giving it in liquid form, either hot or cold as the patient desires.

Strychnine should not be given until the temperature is lowered; then, only in the smallest doses, if required to sustain the heart. Remember this—ipecac relaxes, strychnine constricts.—Oliver Soper, M. D., Upper Montclair, N. J.

[Written for the MEDICAL BRIEF.]

Diabetes.—As diabetes mellitus is due to faulty metabolism, any treatment that will correct or stimulate the process of metabolism will cure the diabetes, excepting those cases due to atrophy or destruction of the pancreas. Diabetes in children has always heretofore been de-

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clared fatal, but I have succeeded in curing these cases with the faradic current. The anode is applied to the occiput, and the cathode to the base of the spine and over the abdomen in turn, for ten or fifteen minutes every day. Also apply the electrodes to each side of the neck, just under the ears.—G. E. Starner, M. D., Dunkirk, Ohio.

[Written for the MEDICAL BRIEF.]

Dysentery.—

℞ Mag. Sulph.....2 drachms.
Syr. Zingiber.....1 ounce.
Tr. Opii.....4 drachms.
Aquæ Puræ.....q. s. ad.....6 ounces.
M. Sig.: Teaspoonful every four hours.

Combined with this I generally give ten drops of aromatic sulphuric acid dil. in water every four hours. Stimulate well with brandy. Try it, brothers, for I have seen it bring them back when all earthly hope had failed.—L. G. Verrill, M. D., Rochester, N. H.

[Written for the MEDICAL BRIEF.]

Tuberculosis or Malaria—Which is It?—Eighteen years in the mountains of Western North Carolina has made me frequently ask myself, in the presence of a patient from one of the malarial districts from the South, the above question. Why it should not be asked more frequently than it is, I have often wondered, for an early stage of tuberculosis with a persistent febrile range in a patient sent to the mountains as "malarious" is a frequent clinical picture. I have no doubt that any active practitioner sees dozens of cases each season who have been sent away from home for malaria, when a careful and painstaking examination of the lungs would often reveal unmistakable evidence of early tuberculosis. Naturally enough the cachexia coupled with a residence in a locality known to be favorable to the genesis of malaria, with a daily febrile range, will easily excite suspicion of malaria. When the fever fails to respond to the influence of the time-honored quinine, the case is set down as "an obstinate malarial complication," and sent to the mountains to "eliminate malaria."

Fever is the most important of the earliest symptoms of tuberculosis, and during the progress of the disease, the clinical thermometer constitutes our most trustworthy guide to the actual condition of the patient. With pyrexia there is an invariable loss of weight and impaired nutrition with local extension. With apraxia there is likewise an invariable gain in body-weight, and an improved local status. Hence, remembering the undoubted curability of pulmonary tuberculosis in a very large proportion of cases, if recognized and promptly treated in the early stage, I would emphatically insist upon a careful examination of the lungs in every case of disease with continued daily fever, in every case of suspected malaria, and the exhausting of every known mans of diagnosis to exclude the possibility of pulmonary tuberculosis simulating malaria.—J. Howell Way, M. D., Waynesville, N. C.

[Written for the MEDICAL BRIEF.]

The Examination of the Female Bladder and Urethra.

BY ALFRED DE ROULET, B. S., M. D.,
Chicago, Ill.

A thorough physical examination of the bladder and urethra is essential to correct diagnosis in all cases where these structures are involved. This examination should include an analysis of the urine and a bimanual examination of the bladder, as well as a cystoscopic examination of its interior.

It is hardly necessary to enter into the technic of urinary analysis, as the subject is exhaustively discussed in the text-books. It is a great convenience when doing much of this work to employ printed slips somewhat on the lines of the following:

URINE EXAMINATION.

Name.....Date.....Amount in twenty-four hours.....Reaction.....
Color.....Odor.....Specific Gravity.....

CHEMICAL EXAMINATION.

Albumen.....Sugar.....

MICROSCOPIC EXAMINATION.

Pus.....Blood.....
Casts.....
Crystals.....
Epithelium.....
Bacteria.....

After the urine examination, attention should be directed to the physical examination. Percussion is of value only in outlining a distended bladder. When per

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cussion immediately above the symphysis yields a tympanitic note, there can not be more than a very slight degree of distension, but when there is a decided fluctuating swelling above the pubes extending upward toward the umbilicus,

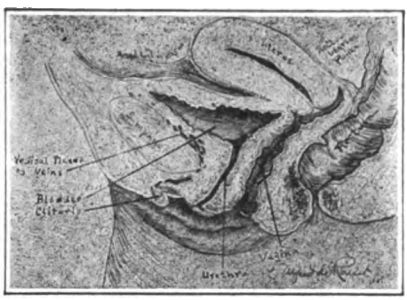

Fig. 1. Sagittal section of female bladder and urethra, showing anatomical relations.

which gives a flat note on percussion, and which is surrounded above and at the sides by a resonant area, the diagnosis of over-distension of the bladder is strongly indicated.

By vaginal palpation the condition of the bladder walls, as regards thickening, irregularities, and sensitive areas, is easily determined. The normal urethra feels like a vaguely defined cord imbedded in the lower portion of the median line of the anterior vaginal wall, its position being indicated on the vaginal wall by a series of fine oblique folds converging in the middle line. An inflamed urethra feels tense and swollen, and even slight pressure will cause the patient sharp pain. A drop of pus usually appears at the meatus as the result of any manipulation. A cancerous urethra, while not usually very sensitive, bleeds at the slightest touch, and feels hard, rigid and nodular, giving somewhat the same sensation to the fingers as a string of coarse beads.

The bimanual examination is made in almost identically the same manner as the bimanual examination of the uterus. The degree of distension of the bladder, any thickening or alteration in the walls, or the presence of a tumor, calculus, or other foreign body in its cavity, is readily recognized. By placing the patient in the knee-chest position and ballooning the vagina with air, the entire bladder can be easily and clearly outlined.

Dilating the urethra to admit the finger in order to palpate the inner surface of the bladder is a barbarous procedure and one that can not be too strongly condemned. It is attended with considerable danger to the patient and no information can be obtained which can not be obtained more easily and with perfect safety to the patient by external palpation and direct inspection with the cystoscope.

For positive results in diagnosis, nothing compares with direct inspection. By placing a finger on either side of the external meatus and drawing the lips apart, the whole lower portion of the urethral canal is seen without the use of any instruments. The entire urethral wall may be examined by introducing a Kelly's cystoscope into the bladder, then by gradually withdrawing it the mucous membrane may be studied as it slips over the end of the instrument. For examinations of the urethra, however, I prefer Smith's urethroscope, as with this instrument it is possible to expose practically the entire urethral canal.

The necessary instruments for cystoscopic work are few, simple, and comparatively inexpensive. Only the best cystoscopic instruments, however, give satisfactory results; cheap instruments are worse than useless. The necessary outfit consists of a soft rubber catheter,

Fig. 2. Bimanual palpation of the bladder.

a urethral dilator, two or three cystoscopes, a long, delicate, mouse-tooth forceps, a vesical probe, an evacuator, and a head-mirror. The dilator is a metal cone about three and one-half inches long and with a maximum diameter of four-

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fifths of an inch. The diameter at different points is indicated by numbers on the instrument. The dilator is lubricated with boroglyceride and the tip introduced into the urethra in the direction of its axis with a slightly boring motion until the required degree of dilatation is obtained. For an ordinary examination a dilatation sufficient to admit a No. 8 cystoscope is sufficient. The external meatus is the only part of the canal requiring dilatation, as any instrument which can be passed through the meatus can be passed through the rest of the canal without difficulty. The cystoscope is a simple metal cylinder three and one-half inches long, attached to a handle and fitted with an obturator to facilitate introduction. On the handle is stamped a number indicating the caliber of the instrument, the most useful sizes being from eight to twelve. A beginner usually selects the larger size, but with practice drops a size or two.

The patient should be placed in the exaggerated lithotomy position, the hips being elevated from ten to twelve inches above the table. A general anesthetic is rarely necessary, except in very nervous individuals, as ordinarily a pledget of cotton wet with a two per cent solution of cocaine and inserted just within the meatus is all that is necessary. The external genitals, but especially the meatus, are thoroughly cleansed, the urine is drawn off and the urethra dilated. The cystoscope is lightly grasped between the index and middle fingers, while the thumb is pressed firmly against the handle of the obturator. (Fig. 2.) The labia are widely separated, the point of the cystoscope, smeared with boroglyceride, is inserted into the meatus and pushed along the urethral canal, gently sweeping around the pubic arch into the bladder. The handle of the instrument is grasped firmly and the obturator withdrawn. On account of the elevated position of the hips, which allows the bowels to gravitate toward the diaphragm, the bladder becomes distended with air as the obturator is removed.

For illuminating the interior of the bladder a simple head-mirror of about twelve inches focus is the most satisfactory, as the large circle of light thrown about the urethral orifice allows considerable latitude of motion. A steel band arching over the head is not only more convenient, but is much more comfortable than an elastic band encircling the scalp. While daylight may be used for cystoscope work it is not at all reliable. I have employed for some time past an ordinary sixteen-candle-power incandescent lamp fitted with a tin reflector, and it has furnished a perfectly satisfactory light. In the absence of this, a small electric headlight supplied by a battery is a very good substitute.

The cystoscope having been introduced the light is placed immediately above the patient's pubes, and the head-mirror adjusted so that the light is reflected into

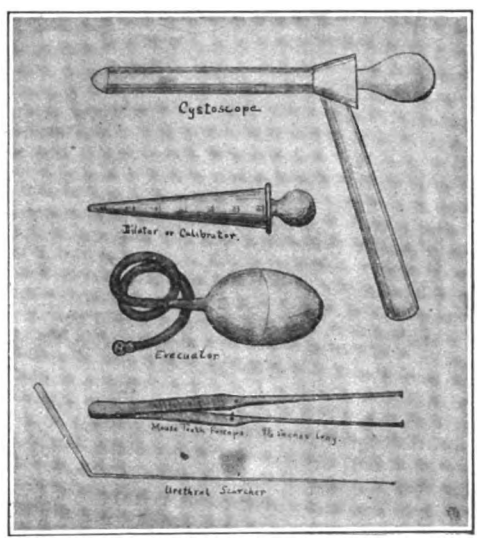

Fig. 3. Cystoscopic Instruments.

the bladder. During the examination there accumulates in the bladder small quantities of urine, the removal of which from time to time is necessary in order to make a satisfactory inspection. This removal is easily accomplished by means of the evacuator or by small cotton balls introduced with the long mouse-tooth forceps.

The normal bladder in a healthy person is of a pale grayish or yellowish color when viewed by reflected light. The fine capillary injection characteristic of the contracted bladder is not seen as, on account of the distension and elevated position, the smaller vessels are emptied.

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Scattered over the surface are numerous anastomosing arteries, which, when viewed with the cystoscope, present an appearance very similar to that observed through the ophthalmoscope when examining the retinal vessels. The posterior hemisphere is first examined, the instrument being directed from right to left and then up and down. In this manner every portion of the posterior hemisphere passes under inspection at least twice. By a marked depression of the end of the speculum (elevation of the handle) the vesical triangle is brought into view. The mucosa in this region is always deeply injected, as on account of its intimate relation with the subjacent tissues it does not become distended and, consequently, anemic when the bladder is expanded. By turning the cystoscope to an angle of twenty degrees either to the right or left, a small pinkish prominence is seen which marks the position of the ureteral orifice, the orifice itself appearing as a fine line on the apex or to the inner side of the papilla. If the orifice is watched closely for a moment a drop of clear urine will be seen to spout out from its surface, the jet continuing for one or two seconds, and is repeated again in the course of a minute. The pubic area is brought into view by depressing the handle of the instrument so as to direct the inner end toward the symphysis.

Fig. 4. The Cystoscopic Examination.

A cystoscopic examination should be made in all cases where there is the slightest reason to suspect abnormal conditions of the bladder or urethra, and the physician who uses the cystoscope freely will find many so-called functional troubles due to local lesions which are speedily amenable to local treatment.

34 Washington Street.

NEWARK, N. J., Aug. 22, 1904.

Editor MEDICAL BRIEF:

DEAR SIR:—Since my contributions to the BRIEF on the subject of Hypnotic Suggestion in Medicine, I have received upwards of five hundred letters from physicians requesting further information, and each letter unaccompanied with postage. Now, I have not hesitated in answering any of these communications, nor shall I in the future, but I *must* request my brother practitioners to enclose postage for replies. An occasional letter minus postage is a trivial matter, but as they numerically increase, it becomes quite expensive, and is really more than I can stand. Believe me, brothers, I am only too happy to be of service to you, but I must insist upon sufficient postage to defray expense.

Fraternally yours,

C. EDWIN GOODELL, M. D.

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[Written for the MEDICAL BRIEF.]

Evidence as to the Value of Fresh Air and Out-of-Door Tent Life for the Tubercular.

BY THOS. BASSETT KEYES, M. D.,

Chairman of the First Organization Committee of the American Congress of Tuberculosis, and one of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis, 1904. Chicago, Ill.

HEALTH.

Health dwells amid the sun-kissed hills,
And by the smiling sea;
Her maidens are the laughing rills,
Her pages wild and free.
The shifting winds that bear her train
Of fragrant wildwood flowers,
When skies are blue or mild with rain,
Health rules the morning hours.

Go seek her while the birds are gay
And sing from every bough;
A cooling hand she longs to lay
Upon your fevered brow.
Refreshing is the cup she holds,
That, tasting, you may glean
The joys that rosy Dawn unfolds,
When Health is ruling Queen.

Ruth Raymond.

Among those who have strongly advocated the open-air treatment of consumption may be mentioned T. Clifford Allbutt, M. D., LL. D. The *Medical and Surgical Review of Reviews* says that Dr. Allbutt remembers in his early days the fatal note of the "consonating râle." For then nearly all consumptives died. But Henry Bennett, a keen and original thinker, and himself smitten with the disease, threw away all traditional coddling, and committed himself to the open air. He was the practical maker of the "open-air cure." He went to Mentone, and lived in his garden, and by night slept without windows. After awhile he spent some part of the year in London, and found that even in that climate he could bear open windows without harm. A few years later Archibald Smith, Herman Weber, Unger, and others discovered that consumptives could trust themselves in the open air, and that a warm climate was not necessary.

In 1859 Brehmer started a sanitarium for the open-air treatment, having first cured himself by this method. He was followed afterwards by one of his patients, Dettweiler, whose fresh air sanitarium has been one of the most successful in Germany. At the present time all modern sanitariums advocate the fresh air treatment of tuberculosis, though some do not go so far as to prefer tents for sleeping purposes. Without going too much into detail, we will bring forward some of the evidence bearing upon the value of outdoor life for the tubercular.

An editorial from the MEDICAL BRIEF says: "Consumption is a house disease. Wild animals do not have consumption. A majority of caged animals in our menageries die of the disease."

Dr. J. W. Crismond, in the *Medical and Surgical Monitor*, in an article entitled "Phthisis Pulmonalis; Is It a Curable Disease?" says: "Patients with the first and second stages of phthisis pulmonalis can be cured as completely and effectually as persons affected with malaria if placed in invigorating environments, and plenty of outdoor life and healthful exercise." Again, he says: "Fewer drugs in the treatment of tuberculosis, and a greater amount of outdoor life, with plenty of sunshine and wholesome food, keeping the digestive organs in a vigorous condition, should be the alpha and omega of our mechanical and hygienic treatment. For without the benign rays of the sun, and plenty of healthy out-of-door exercise, our efforts to cure will be in vain. How surprisingly soon will the patient recuperate under this mode of treatment, will astonish those who have not familiarized themselves with it. The debilitated system will respond to the influence of pure air and sunshine as by magic."

The Committee of the North London Chest Hospital issued a report on the open-air treatment of consumption in which great success was advanced. In wards containing twenty-four beds the windows were kept open in all weathers, the patients being kept warm by additional blankets and artificial heat. As it soon became clear that this method, combined with proper rest, good diet, and graduated exercise, was arresting the progress of the disease, the same treatment was adopted throughout the building, except in the bronchitis and asthma wards. The records of the hospital show as the result of twelve months of this

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treatment, that most of the patients admitted in the early stages of the disease recovered; and seventy-six per cent are considered to have been permanently benefited. It was common for the cases to start with a temperature of 100° to 102° F., with extensive signs of mischief, and to finish with no signs of active disease, with normal temperature, and with an increase of weight, and nearly all eventually returned to work.

An editorial in the *Fort Wayne Medical Journal*, on the open-air treatment, finished as follows: "This open-air treatment of consumption is available to the poor as well as the rich, and is worthy of adoption by every physician who wishes to give his tuberculous patients the benefit of the best home treatment. It is our candid opinion that the treatment should be the treatment in all cases." Tent life is advocated in the article.

Some really marvellous results of the open air treatment of tuberculosis are given in a report from the Imperial Health Bureau, Berlin.

Dr. Robert Gregg, in the MEDICAL BRIEF, says: "We must again consider that the tonic effect on the patient produced by the cold air inhalations, and the feeling of vigor produced incident to the diversion afforded by the outdoor life, is sufficient in most instances to stimulate the vital forces to such an extent as to allow the resisting power of the body to destroy the germ, it being a question of the survival of the fittest. By this life in the open air, a condition of general improvement is brought about, which enables the patient to partake of much more food, an essential to production of resisting power, which, after all, is the all important factor." He continues: "The mere fact that increased metabolism takes place, and in this way does not call upon the reserve heat supply of the body, is certainly a wonderful provision Nature has made to stimulate the vital forces to such an extent that we are compelled to aid the resisting forces by the larger ingestion of food stuffs. The proteids not being wasted in this compelled metabolism, we, of necessity, add to our store and general well-being so that we are bound to recognize the fact that outdoor life, in a proper climate (cold and dry), is productive of physiologic processes pure and simple, important for enjoyment of good health."

According to Veeder (*Medical Record*), the only attribute of air that concerns us in connection with this subject is its temperature. The sharpness of limitation of temperature effects is well defined as to the tubercle bacillus, its ability to form colonies being almost precisely at the temperature of the body, and extending to a very few degrees above is well known. Feverishness may light up dormant infection, a cold or other slight ailment thus becoming the starting point of the disease. Cattle and birds whose temperature is above that of man, are very susceptible, and horses, whose temperature is below, are immune. The activity of the bacteria keeps up the temperature disturbance, and this activity is checked by cold. The use of drugs, etc., for reducing fever should be restudied in connection with the critical temperature points in the growth of bacilli in various diseases. Small variations may have very decided effects. Habitual outdoor living causes large temperature variation, so far as the lungs are concerned, and small variation as to the rest of the body. It is corroborative of this theory that the greatest benefit from open-air treatment occurs when the disease is in the lungs, and least when it is confined in the bones and other deep-seated tissues. As the tissues are invaded superficially at first, entire recovery follows in a considerable proportion of cases. Furthermore, fresh, cool air is bracing, improving nutrition, deepening respiration, thus promoting the local effect and increasing resistance. Warm clothing is of service by enabling colder air to be taken into the lung without depressing effect.

The following bears on out-of-door camp life, and is an editorial found in the *Medical World* of July, 1903: "Are you still prescribing tonics, closed rooms, invalid diet, etc., for consumptives? We have frequently mentioned and urged the open-air treatment, but many cling tenaciously to antiquated ideas—and cling, and cling, and cling! The tripod upon which the

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rational (and successful) treatment of the great white plague rests is composed of open air, food and rest. 'Open air' does not mean a walk or a ride of an hour or so per day, but it means living in the open air practically all the time, night and day, regardless of the weather or season. Yes, it can be done. If your delicate and sensitive patient says 'I can't,' refer her (or him) to the splendidly illustrated series of articles on the subject in the June number of the *American Monthly Review of Reviews.*"

Referring to the June, 1903, *American Monthly Review of Reviews*, to the article above mentioned, we find in the same issue three articles on outdoor tent life, under the heading, "New Hope for Consumptives," viz.: "The Outdoor Treatment of Tuberculosis;" "How to Live Out of Doors;" and "The Consumptives' Chances in Colorado." They are founded upon the excellent results to be obtained by out-of-door life.

At the twentieth annual meeting of the American Climatological Association, Washington, D. C., May 12, 13 and 14, 1903, in discussing outdoor life for tuberculosis, Dr. S. A. Fisk emphasized the great necessity for fresh air in the treatment of tuberculosis. He knew from his own experience that persons could live in tents in midwinter, and that when one had become accustomed to living and sleeping in a tent he did not care to live in anything else. At the same meeting, Dr. R. A. Cleeman read a paper on the cabin and open-air treatment of tuberculosis, in which he said that tuberculosis flourished among dwellers in houses, while with an outdoor life many recovered. He suggested specially devised cabins, with movable walls, so as to let in the sun.

"Tent Life for Consumptives," by J. E. Stubbert, M. D., *Sanitarian*, p. 422, 1903, advocates fresh air, and says: "The larger the dose the better for the patient," and he recommends camp life, and further says that "Millet, of Brockton, Mass., (*Maryland Medical Journal*, February, 1901) reports the cases of five patients whom he recommended to sleep out of doors at night. They were socially of the poorer class, and could not incur the expense of change of climate. They were allowed no roof over their heads except in rainy weather. * * * Remarkable results were observed. Improvement was noted in two weeks. Coughs disappeared, temperature became normal, respirations were easier, and weight increased rapidly. No attention was paid to dampness, and draughts and heavy dews were regarded as inconvenient simply because of the necessity of drying the bed clothes." Further on the author adds that "Sleeping in a small room, with an open window, does not appear to be nearly as beneficial to the patient as when the nights are passed on a veranda or in a tent."

"The Rest and Open-Air Treatment of Tuberculosis, with Special Reference to Tent Life in the Low Lands of Arizona," by Dr. H. E. Stroud (*Medical Summary*, p. 302, 1903), among other things says: "The highest authorities place open air nitrogenous food in abundance, medicine and medical supervision, and rest of mind and body of equal importance," and further adds: "No plan has ever been so satisfactory as a properly built tent, which should be built on a raised platform of matched boards and sides to four feet."

"Remarks on Some Results of Open-Air Treatment," by Claude C. Chidell, M. B., B. S., Medical Superintendent of the Open-Air Sanitarium, London, in *The Practitioner*, 1903, summarizes the effect of fresh air on the tubercular patient under five heads, of which:

1. Flesh is gained in most cases.
2. Color returns.
3. Cough almost always decreases.
4. Expectoration does not decrease in same ratio as cough.
5. Night sweats sometimes continue for a few days.

"Tent Life in Arizona in the Treatment of Tuberculosis," by Henry H. Stone, M. D. (*Philadelphia Medical Journal*, 1902), says: "The physician who comes in daily contact with phthisical patients, living or not living in tents, would at once tell you, if asked, that, if he could, he would have everyone of them in tents for the best of reasons, viz.: they improve, and faster than those who live in rented rooms.

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Once you can get a patient to adopt tent life, there is no trouble about them keeping at it, for the reasons are obvious."

"The Open-Air Treatment of Tuberculosis," by F. E. Waxham, M. D. (*Journal American Medical Association*, November 29, 1902, p. 1392), says: "Few medical men will now dispute the fact that our great remedies in the treatment of tuberculosis are pure air, rest and food. The more abundantly the former can be given the greater and faster will be the progress toward recovery. Pure air in greatest abundance can best be secured by tent life. It is a pleasure to witness the rapid improvement when this mode of life is inaugurated, the appetite is improved, and the vigor and vitality greatly increased."

In the *Brown Book*, of Boston, there is an article, p. 150, 1904, by Prof. Irving Fisher, entitled, "The Modern Crusade Against Consumption." It takes up the treatment of tuberculosis by tent life. He says that he is interested as one who has had it himself, and been cured. He slept out of doors even when the thermometer registered below zero.

In the foregoing bibliography on fresh air and camp life, I have endeavored to refer to all of the special articles that have been published on the subject with the exceptions of the recommendations described in the latter books on the treatment of tuberculosis, and to my own articles published among the first literature recommending tent life for consumptives, namely, "Camp and Outdoor Life as an Aid to the Permanent Cure of Tuberculosis," Congress of Tuberculosis, February 21, 1900, and "Some Results of Camp and Outdoor Life in Northern Wisconsin," Congress of Tuberculosis, May 15, 1901.

My experience in the treatment of tuberculosis has been large, and therefore should be valuable, and I will now endeavor to analyze the good which comes from tent life, and treatment of the disease. Before starting out, however, let me say that a house with open windows, or especially constructed cabin, will not take the place of a properly devised tent.

CLINICAL RESULTS OBTAINED BY CAMP LIFE.

All of the symptoms of tuberculosis yield to out-of-door tent life in a very short time. The system reacts, the appetite returns (everyone knows of the ravenous appetite of a camper), the patient will soon eat heartily, and greedily consume large quantities of milk, cream and butter; its necessity for his health having been explained to him. In my own camp I also have them consume large quantities of koumyss, which, besides its fat-producing properties by its diuretic action, relieves cough. It is common for patients to start off for a morning stroll or row, taking with them a basket with several pint bottles of koumyss, to be drank before they return. The systematic drinking of koumyss is part of my plan of treatment of tuberculosis.

The first and most important good which comes from camp life is to supply the appetite for the digestion of fats which supply to the body force and vigor, more than any other food, also the material for the growth of healthy tissue, and the repair of diseased tissue. As the body advances in weight other symptoms disappear. Night sweats are among the symptoms which leave almost immediately after tent life is taken up; particularly is this true if the patient camps where the nights are cold. The reason for this may be that it becomes unnecessary for Nature to produce sweats to cool the body in her endeavor to lessen destructive oxygenation of tissue, preserving all her forces for the lung itself; but in tent life, while sleeping, it is a rule that the body requires considerable clothing for warmth. This is true of the climate of the Northwest, also of the West and Southwest. These cold nights are beneficial again in giving appetite for fat foods. In the former part of this paper we referred to the article of Dr. Veeder regarding cold air in reducing the growth of the germ.

In my studies of the climates for tuberculosis, I have visited all of the principal resorts of the West and Southwest, and in talking with those who have become well of tuberculosis in these places they have invariably told me that it was because they were fortunate in joining some surveying or other party which necessitated their camping out, or that they had lived in tents.

WHERE TO CAMP.

Thirty-five years ago it was the custom of physicians to send their patients with

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pulmonary troubles to Northern Minnesota; the pendulum swung in the opposite direction, and patients were sent to the West and Southwest, and there is no doubt as to the value of these sections, being dry, plenty of sunshine, low atmospheric pressure, warm days and cold nights; but I think the pendulum is again returning to the Northwest on account of the greater mental hygiene which is to be obtained where we have green grass instead of sand plains, an occasional rain to freshen and laden the air with ozone instead of sand storms; growing forests of extreme beauty and grandeur cover a great deal of this favored section with its many beautiful spring-fed lakes and streams, affording good fishing, rowing, change of scenery, and an incentive to keep out in the sunshine, and not become lonesome. In fact, a camp in the North Woods affords so many things to occupy the mind that one can scarce find time to think of his condition of health, for between rowing, fishing, exploring, walking, catching bait, and supplying the demands of his appetite, his time is more than crowded. It has been argued that the consumptive patient should not exercise enough to fatigue himself with such exercises as rowing; but fishing, there you are, occupation of a pleasurable nature without too much activity.

If one will study the weather charts and maps during the past few years he will see that there is a section of Northern Wisconsin where atmospheric pressure is light, and, therefore, stimulating. This is the light air belt, and here the air is particularly fresh and full of ozone. Lake Superior purifies the air from the north, and Lake Michigan from the east, while great forests to the west of all around laden the air with balsam fragrance. Then, too, here the sun has a very powerful chemical effect, and produces a tanned skin very quickly, promoting activity of the cells of the blood, increasing their assimilating powers for food, and enabling them to better destroy germs.

To sum up the way I treat tuberculosis is: Camp and outdoor life; feeding of large quantities of nutritious foods, with a great deal of butter and fats; the ingestion of large quantities of koumyss; the subcutaneous injections of oil; and by combining all other means found useful in the treatment of this disease, the therapeutics of which embraces hygiene, hydrotherapy, various special medicines, etc.

[NOTE.—This article was mostly written before the author commenced his studies on subcutaneous injection of oil, and while he believes that the subcutaneous injections of oil forms the most valuable part of the plan of treatment of consumption, as one of the greatest aids he recommends tent life. Dr. Keyes was one of the first to write on tent life for consumptives in two articles entitled, "Camp and Outdoor Life as an Aid to the Permanent Cure of Tuberculosis," American Congress of Tuberculosis, 1900, N. Y., and "Some Results of Camp and Outdoor Life in Northern Wisconsin," American Congress of Tuberculosis, N. Y., 1901. At the time when these articles were written, Dr. Keyes received considerable adverse criticism, one author going so far as to say that "tent life advocated by Keyes, of Chicago, has absolutely no scientific advocates," but time is a various mother. Now, tent life has become a fad, and those who criticised are bowing at the feet of the Chicago sage.—ED.]

[Written for the MEDICAL BRIEF.]

Mountain Air Brought Home or Artificial Air for the Treatment of Consumption and All Germ Diseases.

BY ROBERT A. GUNN, M. D.,
New York City.

In 1872, long before the germ theory of disease was seriously considered, or even thought of by the profession in general, I delivered a lecture on "Heredity," before a medical society, in which I spoke of consumption as follows:

"It is said to be hereditary, but I believe that nothing but a debilitated or weak condition of system can be transmitted, and that the application of an exciting cause is necessary for its development. At least it is a well-established fact that children of consumptive parents who change their residence early in life, and are thus freed from the conditions under which their parents lived, will invariably escape the disease, while those

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who continue to live in the same environments as their consumptive parents, sooner or later fall victims to it.

"On the other hand, persons who have been strong and robust, and in whose families no trace of the disease has ever been known, often acquire consumption, and die from it. I have, myself, seen many cases of the disease in previously healthy men and women, after they have occupied the same room, and cared for a consumptive wife or husband for a few months."

I believe that this statement of mine was the first utterance on record in which it was suggested that consumption was contagious and not hereditary. In the discussion that followed my lecture, I stood alone in my position, all of my fellow-members adhering to the then accepted theory that consumption was transmitted from parent to offspring, and could not by any possibility be contagious.

I subsequently saw so many cases to confirm my opinion, that I continued to reiterate it in spite of the ridicule of many of my professional brethren.

Though I had closely followed Pasteur's investigations of air germs, and Professor Lister's theory of the influence of those germs in causing suppuration in open wounds, and had practiced antiseptic surgery since 1868, I had no thought of attributing consumption to germs, nor had any one successfully promulgated the theory at that time.

Since the discovery of the tubercle bacillus, the old theory has been gradually abandoned, and now it is generally admitted that the disease is transmitted from one person to another through the agency of this microbe, and that the disease is contagious, and the Boards of Health in many cities require it to be reported as such.

The great prevalence of the disease in all parts of the world is no doubt due to the fact that it was not considered contagious, and thus healthy persons mingled continuously with consumptives, sleeping in the same bed, and living continuously in the same atmosphere, thus breathing in the bacilli till the disease was finally developed.

Statistics show that about one-eighth of all deaths are due to consumption, and that over one hundred thousand persons die annually from it in the United States alone, and when we realize that there are between eight and nine millions of emaciated, exsanguinated sufferers from this dread disease, in our own land, we need not wonder that it has been called "The Great White Plague."

The treatment of consumption has occupied the attention of the ablest men in the medical profession for generations, and many specific treatments have been introduced and faithfully tested, but none have been found to stay the ravages of the fell destroyer.

When Koch's tuberculin was introduced it was fondly hoped that at last a cure had been discovered, but experience proved it to be worse than useless.

Drugs of various kinds have been recommended to be taken into the stomach, by inhalation and by hypodermic injections, but without sufficient benefit to warrant their continuance.

Nor has the profession overlooked the importance of increased oxidation of the blood in the treatment of the disease. Hydrozone, glycozone, aquazone, ozomulsion, and other compounds said to contain ozone, held in suspension, have been extensively prescribed, but without satisfactory results. Inhalers supposed to generate ozone have been recommended, and oxygen gas has been administered by inhalation for a few minutes at a time. This is often resorted to when the patient is dying, with the effect of temporarily stimulating the failing heart action, and prolonging life for many hours. This greatest of Nature's restorers is, however, usually administered too late, when the patient has not sufficient strength to draw it into the lungs.

Having frequently seen oxygen administered in this way, with marked temporary benefit, I argued that if extra oxygen could be continuously administered in time, more lasting results could be obtained, and the deficient oxidation of the blood that precedes death in all cases would thus be remedied, and life greatly prolonged.

That this thought has long occupied my mind can be seen from the following quotation from my popular work entitled "Everybody's Doctor," published many years ago:

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"I believe that if a consumptive could remain in a chamber of compressed air one hour a day, the tubercular deposits of the early stages would be entirely removed."

My idea then was that the extra amount of oxygen inhaled by breathing compressed air would oxidize, or burn up, the tubercular deposits, and thus remove them from the lungs, and cure the disease.

Since then I have carefully studied the subject, more especially since the discovery of the tubercle bacillus, and now, after years of careful investigation and numerous experiments, I have devised a method of treatment which I believe will solve the problem of the successful treatment of consumption, and thus prove a boon to humanity.

My experiments have been along purely scientific lines, for my aim has been to supply continuously an extra amount of oxygen, which could be inhaled sleeping or waking.

It is an established scientific fact that microbes are more rapidly destroyed by oxygen gas than by any other means. It has also been proven that many diseases are caused by microbes or germs, while others are due to deficient oxidation of the blood, which causes morbid matter to be deposited in the various organs and tissues.

Now, if we can supply an increased amount of oxygen to the blood, and keep up that supply for any desired length of time, it will be beneficial, no matter which theory of the cause of the disease is correct. If the germ theory be correct, the increased amount of oxygen taken into the system through the lungs will kill the bacilli, and remove them from the body. If the old theory of a deposit of morbid matter be true, the extra amount of oxygen inhaled will burn up these deposits, and remove them from the lungs.

Following these lines, I began to experiment with the view of ascertaining how much oxygen was necessary to kill disease germs. I made two cultures of tubercle bacilli in glass tubes, and, leaving one exposed to the air, I placed the other under the glass globe of an air pump. Into this I forced the equivalent of two volumes of common air, and added an additional supply of pure oxygen gas. On removing the tube from the globe, two days later, and adding some of its contents to a beef solution in another tube, no new germs were produced, while some of the contents of the tube that were left exposed in the air were added to some of the same beef solution in another tube, and the germs were soon reproduced in great numbers. This clearly demonstrated that my "artificial air" had killed the bacilli, as they were incapable of reproducing themselves.

I next inoculated rabbits and guinea pigs with tubercle bacilli, and after a time I placed one in a box filled with my artificial air, while I left its mate free in an ordinary cage. The one living in the artificial air always kept lively, and remained perfectly well, while the other sickened and died. In each case the lungs of the animal that died were filled with tubercles, while, on killing the one subjected to the air treatment, the lungs were found entirely free from tubercles. After a number of such experiments, I felt convinced that I could treat human beings in the same way.

To carry out my idea, I take an ordinary living room and hermetically seal it, so as to make it air-tight. Into this I pump pure, filtered air, till I get into the room an equivalent of two volumes of common air, and I reinforce this by the addition of as much pure oxygen as may be desired. An air-gauge is provided, to indicate the amount of pressure.

Ventilation is provided for by automatic ventilators, one of which is placed on a level with the floor, and another on a level with the ceiling. At stated intervals these ventilators open, and permit the egress of the heavy carbonic acid gas that sinks to the floor, and the heated carbonic gas and impure air that rise to the ceiling. At the same time the ventilators open an automatic electric motor starts the air pump, and forces the fresh air and oxygen into the room till the requisite pressure is obtained, when the motor stops working. The entrance of the fresh filtered air under pressure forces all the impure air through the ventilating openings before they are again closed automatically.

It can thus be seen that when the room is in use, the air is being constantly re-

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newed by the automatic working of the ventilators and air pump, and we not only have an atmosphere of two volumes of common air, but the extra oxygen as well, which is constantly being inhaled by the occupant of the room.

My plan further provides for the heating of the air in winter and cooling it in summer. Thus we have an atmosphere rich in oxygen, thoroughly aseptic, equable in temperature, and being constantly changed to free it from impurities.

The consumptive patient sleeps in this room, or lives in it the greater part of the time. In this way an increased amount of oxygen is constantly being inhaled, without any strained effort, such as is required in inhaling oxygen from a tube. This air not only destroys the tubercle bacilli, but increases the oxidation of the blood, thus improving the general nutrition.

When desirable, in advanced stages of the disease, a medicated vapor may be forced into the room by means of a powerful nebulizer. This vapor soon mixes with the artificial air, and is readily drawn into the lungs in ordinary breathing. Oil of eucalyptus, oil of tar, creasote, iodine, or carbolic acid may be used in this way for their healing and antiseptic properties.

Of course, due attention must be given to the diet and exercise. The increased oxidation of the blood must, of necessity, favor ready assimilation of all foods taken into the stomach, and thus improve the general nutrition of the body; while moderate and well directed exercise favors the elimination of the dead bacilli and other effete material that may be lurking in the system.

It has long been the custom of physicians to send their consumptives to the Alps or the Adirondacks, or to the mountainous regions of Colorado, or Arizona, and when sent early enough many were entirely cured. More recently, however, the concensus of medical opinion has favored an outdoor life, summer and winter, in mountainous regions, as the only hope for the cure of pulmonary tuberculosis. This outdoor life insures an extra supply of oxygen, and those who can endure it for a year or two are invariably cured of the disease. The majority of consumptive patients, however, can not endure the extreme cold and other discomforts incident to an outdoor life in the mountains during the winter months.

In such cases, my artificial air chambers afford all the advantages without any of the discomforts of an outdoor life. They are furnished with special reference to the needs and comforts of the patient; the amount of extra oxygen supplied can be regulated to meet the requirements of each individual case; the air can be warmed in winter and cooled in summer without diminishing the necessary supply of oxygen, or interfering with its physiological action, and the tubercle bacilli thrown off by exhalation and expectoration, as well as those in the lungs, are destroyed by the increased oxygen of the air, thus removing all possibility of contagion. In addition to these advantages, exposures to the inclemencies of the weather become unnecessary at any time; long and expensive railroad journeys are done away with, patients are easily accessible to their friends at all times, and, if necessary, a patient can attend to business a few hours a day, during the early stages of the disease, without interfering with the success of the treatment.

Public Opinion for July 28, 1904, page 116, contains an abstract of an article in *The Nineteenth Century and After*, London, entitled "Climate Artificially Produced," by William Ewart, from which I quote the following:

"The elemental forces in the air of those climates (referring to mountainous health resorts), which make for cure, exist in part in ours, but Nature has made them subordinate to other and less favorable forces; science may suppress these and bring forward those. If they do not exist, science may some day produce them. Then, to some extent, in any building, however large, more completely in an inclosed cubic space the patient would be enabled to breathe air, which by scientific treatment had been assimilated in its essential properties to the air of health resorts. * * * * * * *

"If, by sufficient study, we can ultimately learn to treat the air so as to fairly reproduce, for practical purposes of treatment, the virtues of various climates, a great advance would have been made.

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And, besides imitating climates artificially, we might in the future be able to create climates to suit the individual requirements, just as we regulate the dose of medicine or of electricity, by varying the supply of the normal constituents and qualities of air, and by adding beneficial agents. * * * The difficult task of producing special atmospheres for the prevention or relief of some of our climatic diseases, for which special climates are distinctly beneficial, is beyond the unaided power of medical art. It could not be successfully attempted without a systematic collaboration between the representatives of pure science and practical engineering and those of medicine."

It will thus be seen that this writer has been thinking along the same lines as I have been working. What he thinks is possible in the future I have accomplished. What he thinks needs the co-operation of scientists, engineers and physicians, I have put in practical working order alone. I can furnish this artificial atmosphere, varied as the writer thinks possible, in one room or a dozen rooms, and I have the system now in operation, and shall take pleasure in showing it to any physician who may feel interested enough to examine its workings.

Consumption is not the only disease that can be cured by this artificial air. All germ diseases must, of necessity, yield to it, as the germs can not exist in this atmosphere. Thus small-pox, scarlet fever, measles and diphtheria, can be cut short and cured by placing the patients in these air chambers; while the increased oxidation of the blood, if begun in time, will rob pneumonia of its terrors, and insure recovery in every case.

Knowing, as I do, the great importance of thorough oxidation of the blood in all diseased conditions, I believe that the range of usefulness of this air treatment can be greatly extended beyond that herein described, and at a future time I hope to be able to explain more fully its effects on several other conditions resulting from defective oxidation.

90 West Ninety-Second Street.

Enclosed find one dollar. I can not do without the grand old BRIEF.—G. E. JONES, M. D., Jefferson, Ala.

[Written for the MEDICAL BRIEF.]

The Morphological and Psychophysical Intrinsicalities of the Negro Race.

BY N. B. HERRING, M. D.,
Wilson, N. C.

(Continued from page 892.)

But this is a digression. We turn back to the negro, and quote again from our author of "Preadamites." In his chapter on "Negro Inferiority," he says, "The comparisons made between Africans and quadrumina must not be understood as intended to imply human descent from quadrumina. Entirely apart from questions of blood relationship, the morphological and physiognomical resemblances exist; and they are cited for the purpose of showing that, just as far as the African diverges from the style of the white man, he approaches the lower animals. Let us now turn to history, and consider the nature of the results which have proceeded from four thousand years of Negro existence and activity. We are apprised from the Egyptian monuments, that the Negro was in existence at least as early as the Sixth Dynasty, which, according to Lepsius, was 2967 years B. C., and according to Strong, 2080 B. C. At that date his race was numerous enough to be the object of hostile expeditions from Egypt, and powerful enough to confer honor upon conquest over him. The Negro race has consequently had national existence in Africa from 4,000 to 5,000 years. What has it accomplished? It has never yet invented an alphabet by which the fugitive vocalization of its lips could be fixed in a permanent record. It has not preserved one sentence of the history of four thousand years. It has written neither science, philosophy nor poetry. It has created neither. It has left us none of the productions of fine art. It has developed only some of the simplest of the useful arts. It has built no cities; erected no durable monuments; excavated no canals; transformed no topography, nor removed any natural obstacles to the efficient cultivation of the soil. It has organized only the rudest civil societies; and it has often marked the administration of authority by oppression, cruelty and bloodshed. It has sold its own blood and flesh into slavery.

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and made a commerce of human merchandise. It has organized no religious associations, nor risen, generally, in the practice of religious worship above the grade of dancing, divination, idolatry and fetichism. It has founded no benevolent asylums, nor formed any charitable associations. Its life has been a continuous scene of personal self-seeking and public administration of the rule of brute force. It has been a struggle—to judge the past from the present—whose constant aim was material comfort and bodily gratification.

"It can not be said that this almost universal backwardness in all individual and social advances based on intelligence, is attributable to unfavorable circumstances. The Israelites were in 'the house of bondage' two hundred and sixteen years; and it is not supposable that bondage in the rude infancy of the world, and in heathen Egypt, was less depressing than bondage during the last two centuries in a Christian country. While we can not deny that organism has been coadapted to environment in the progress of ages, it is true that characters finally acquired, persist with a wonderful degree of changelessness from age to age, and under the broadest diversity of physical condition. From the date of earliest records the Jew has been a recognizable Jew; the Negro has been distinctly a negro, and the Egyptian, the Aryan and the Abyssinian have stood forth as completely differentiated as they appear to be at present."

In the struggle for existence, under that law of the "survival of the fittest," two factors, and two factors alone, contribute to the preservation of the species, viz.: mental traits and bodily structure. In many instances preservation is entirely dependent upon one factor, while in a few, both combined are necessary to maintain existence in a civilized country. Our domestic animals are wholly dependent upon bodily structure; for, being of use to man, he supplies the place of brains in their preservation. The fox, by his mental traits, especially his cunning, can and does live in all countries, surrounded and infested on all sides by enemies. Rodents, vermin and vicious insects live and thrive in spite of every effort of man for their extermination. Remove the fostering care of man, and our horse, ox and sheep would soon go with the buffalo of the plains. The camel is said now to be almost as hard to raise as the human infant, and as soon as it ceases to be of use to man, it will become extinct. The dodo was plentiful in the Sixteenth Century, and the great auk has become extinct within the memory of man. Everything has had and still has its distinct place in Nature, but so soon as that place is usurped by another or becomes unfitted for its present occupant, it has to move or pass out of existence.

The native land of the Negro is now being rapidly occupied by a brainier if not a brawnier race, and he, like the Jew, will, in a few years be without a nationality. Will he be able to cope with the world as the Jew does, or will he become as the red Indian—a parasite on the body politic? The Jew has maintained his existence solely by his intellectual endowments; the Negro being deficient in brain power, his "survival" must depend entirely upon his bodily powers. In this particular he has the advantage of all the other races. With plenty of food and time to sleep, it is impossible to kill him with work. I have stood before a convict gang and seen them ply pick and shovel for ten hours in the broiling sun, without a moment's intermission save one hour at noon. The guard told me they did this day after day. In Europe last summer I saw laborers crouched in the shade from a sun in which I would have gladly stood for comfort. Two hours and a half was the time they took off in the middle of the day. The sluggish brain of the Negro seems to be a compensating balance for the bodily strain he is enabled to undergo. It also seems to enable him to endure pain and injuries better than the white man.

Several years ago, I was called to a Negro who had been stabbed in the abdomen by another Negro, while they were pulling fodder in a swamp a mile from any house or water. The weather was excessively hot, and four hours after the injury I was at his side. Lying under a poor shade of bushes, I found him with an oblique stab wound just below the navel and a little to the right of the median line. A pile of intestines that looked like they would fill a peck measure, was

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coiled up on his belly and covered with an old undershirt in which he had been at work. The bowels had begun to assume a mahogany hue, and it altogether looked like a bad job. My surgical instrument consisted in needles and thread. To move him in this condition being impracticable, I made an attempt to replace the bowels, when, to my horror, they erected themselves, and proceeded to come out of his belly as snakes might come out of a hollow tree. I thought every gut in his belly would come out, but clamping the squirming mass with both hands, I held them down until nausea and relaxation caused the muscular action to give way. I then rapidly replaced them while the Negro was in a semi-conscious condition. Having gotten the bowels back, I succeeded in getting a good sized ligature clear through the thick abdominal wall, and brought it out on the other side of the wound, at least a half inch from the edges of the cut. With this I tied the wound tightly, coaptating the edges perfectly. Two superficial sutures completed this job of septic surgery. Sending him home, a mile over a rough path on a steer-cart, I bound a band around him and with a hypodermic of morphine, left him. Four days afterwards a dose of castor oil relieved his oppression from gas and fecal accumulation, and on the eighth day I removed the sutures and the man was well.

I report this case in detail because it would seem to show the power of the Negro man to endure with impunity that which, to all appearance, would kill a white man. I have also found, in my practice among Negroes, that perineal ruptures are not nearly so frequent with the Negro woman, as is the case with white women; and nervous diseases generally, I find much rarer. The Negro certainly can do with less pure air than the white, and water is of no earthly use to the sick Negro, save as an antipyretic. If cleanliness is next to godliness, the Negro is an immense distance from the throne of grace. Very few of them pay any attention to personal cleanliness, and those who do, fail to remove the vile odor, which they are proud of and call it "nigger muss."

The Negro has his place in nature just as everything else has a place, but his place is not the place of the white man. He is a valuable citizen *in* his place, but *out* of it, as he is now trying to get, he is a menace to this commonwealth, and one's brain sickens and faints at the thought of America's future. Judas Iscariot had a place of his own and went to it, but the Negro dislikes his place and wants the white man's. If by some juggiery of the law, the legal and social positions of the two races could be suddenly reversed, the white man would find few friends amongst his sable constituents. The finer emotions of the universal mentality have no affinity for the coarser brain of the Negro. Love, affection, gratitude, friendship, etc., are parasitic attachments to the brain cells of the African, and become manifest only as self-interest decrees. He is servile, cowardly and tyrannical in his nature, and will desert any position for what he may conceive to be a better one.

Lyman Abbott spoke a parable in the *Outlook* of July 18, 1903, when he said, "Education means nothing less than the development of the whole man, as ignorance means nothing less than the undevelopment of the whole man." But he uttered a solecism when he said, "The South is supplying the fundamental remedy, which is education, for the fundamental evil in the Negro condition, which is ignorance."

The fundamental evil in the "Negro condition" happens to be a deeper stain than ignorance—a stain deep dyed in the wool and set by the mordant of the Omnipotent fiat, which no effort of man can remove. This stain is black—literally and figuratively black. To the unprejudiced mind's eye it is as visible on the soul as to the physical eye it is on the surface. It is as ineradicable as the "thorns and thistles" of the earth, and to educate the whole man means to make this blackness darker still. As well cultivate the grass and weeds with the corn and cotton as to cultivate the whole Negro nature. Schools, and especially colleges, to the Negro are as rains and fertilizers to the brambles and tares of the earth. Booker Washington's efforts will be a failure, as suffrage is a failure, as the Fifteenth Amendment has been a failure.

(To be continued.)

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[Written for the MEDICAL BRIEF.]

A Consideration of Some of the Forces that Tend to Improve the Human Species.

BY C. S. NEER, M. S.,
Beaucoup, Ill.

At least as long ago as the time of Plato, men discussed the question of the improvement of the human race. The desirability of encouraging people of a superior sort to have large families, and of discouraging propagation among the inferior, has long been in a general way recognized. With the acceptance of organic evolution of the great truth that one generation of men is not a mere repetition of those preceding it; with the conception due largely to the philosophy of Schopenhauer, that life is essentially a succession of births, a thing entrusted to the individual to be used for the benefit of the race, came a greatly increased sense of responsibility with regard to this matter. Why, it was asked, should we so assiduously select to improve our cattle and fowls, and leave mankind to mate at random?

Aside from the practical difficulties that any attempt at a system for the compulsory improvement of the race would meet in a society founded like the modern civilized state, on the greatest possible freedom of the individual, another difficulty has been pointed out, viz.: we are not at all clear what points to breed for, and what ones to breed against, and have but meager knowledge of what to expect from a given combination. The breeder of horses has a very simple ideal to which he directs the pairing of his stock. He may breed for size, for speed, for symmetry. With man the case is not so simple. In a given individual one desirable quality may be joined with others not desirable. "A divergent variation from one ideal may be a divergence toward another ideal." The stunted body of a neuropath may hold the genius of a Napoleon or a Byron; a hunchback may possess the intellect of a Pope or a Richard III; and on the other hand, a magnificent physique may be coupled with the most glaring defects of mind and character.

The Spartans attempted to build up a scientifically bred class by exposing to perish all the weakly infants. Supported by a population of slaves, they devoted themselves to becoming a strong race. They did become a strong race physically, but "the gods sell us everything at a price," and, according to Plutarch, they became mentally so stupid that they were unable to follow any continuous train of thought. Their morals suffered greatly also, and this was one cause of their political decadence.

Robert Anderson and other penologists have proposed radical measures to prevent procreation by criminals. Some criminologists maintain that there exists a distinct criminal type; that there is such an individual as a congenital criminal, that is a man who suffers from bodily and mental abnormalities, and who possesses other physical and psychical characteristics than the normal man, or even one who is mentally unbalanced. They speak of the criminal skull, the criminal ear, the criminal thumb, the criminal glance. If this view were proved to be correct, we would have at hand a very valuable ounce of prevention. The criminal could be caught by anthropometry before he had had a thought of crime, and before he had reproduced his kind, and he could then be killed, caged or castrated, as might be deemed most expedient. However, this view is not generally held, and with our present knowledge of anthropology it would be a very delicate and difficult matter to decide whether a given individual, even though guilty of crime, were a true specimen of the *homo delinquens*, or merely the unfortunate victim of a bad environment for which society is responsible. If the examiner would search his own heart he would most probably have to admit himself to be a potential criminal, and he might humbly say, "There but for the grace of God go I."

There is, however, a legitimate tendency to seek a diminution of physical and moral evil through the prohibition of unfit marriages. Bills have been passed in Minnesota and Colorado which undertake to prevent the marriage of persons afflicted with serious mental or physical disorders by requiring everyone wishing

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to enter into legal matrimony to submit to a medical examination, and obtain a certificate of sound health. Such laws, while their object is worthy, and while they may prevent some immediate misery by checking propagation among those who are unquestionably unfit, will doubtless be disappointing to those who expect them to yield marked results in the way of improvement of the race. In the first place it may be expected that more than usual difficulty would be found in enforcing the law, and if such a law were made to apply to those tainted with insanity, epilepsy, etc., other difficulties would arise. In the case of the raving maniac and the victim of long-established grand mal no prohibitory law would be necessary, but the neurotic taint may show itself in many other ways. Thus it is well known that migraine in one generation may appear as epilepsy in the next. In this age neuroses are very common, a tendency that seems to be a phenomenon connected with the rapid development of the nervous system under the conditions of modern life.

As to the marriage of persons of sound mind, but with a family history of insanity, such a union may be very unwise, but I do not regard it as at present a proper subject for legislation.

From these and other facts it would appear that deliberate attempts at compulsory improvement of the human species by artificial means are of doubtful value. Of much more importance are certain incidental effects that grow out of the conditions of Nature, and of civilization, and it is to these that I refer in the subject of this paper.

At first glance the trend of modern life would seem to be to throw out of gear the machinery of natural selection, so far as it would make for the improvement of the race. Darwin remarks that "with savages the weak in body or mind are soon eliminated; and those that survive commonly exhibit a vigorous state of health. We civilized men on the other hand do our utmost to check the process of elimination; we build asylums for the imbecile, the maimed, and the sick, we institute poor laws, and our medical men exert their utmost skill to save the life of everyone to the last moment. And to check this sympathy would bring upon us the fate of the Spartans. It would cause a deterioration of the noblest of our nature, that altruistic morality which is the grandest product of evolution. Besides Nature has provided, as we shall see, that even uncoerced by laws, the weaker and inferior do not marry so freely as the sound.

The tendency of man's development is now as it always has been, but more than ever before, toward the augmenting of the nervous system, and the growth of mind and morality. On his physical side civilized man probably changes very slowly, much more slowly, as Wallace has shown, than his savage ancestors, for through his mental faculties he is able "to keep with an unchanged body in harmony with the changing universe," to control the conditions of his life by clothing, warmth, regular food, etc., so that his surroundings are practically uniform. Yet contrary to popular belief, civilized man is even physically superior to the uncivilized. It has been shown that he can endure more fatigue, and better resist disease, a result no doubt of better and more regular food, better hygienic conditions, etc. But having in view the trend of his growth, the body of civilized man comes more and more to derive its importance from its function as the support and instrument of the nervous system. Prof. Broca found the nineteenth century skulls from graves in Paris to be larger than those from the vaults of the twelfth century in the proportion of one thousand four hundred and eighty-four to one thousand four hundred and twenty-six. There is a similar difference shown by comparison of skulls of civilized and savage races.

I will briefly notice some of the factors that seem most important in determining the development of our race:

1. *Education and Moral Instruction.*—Aside from the use of language itself, that wonderful engine which applies signs to all sorts of objects and qualities, and excites trains of thought, which would never arise from the mere impression of the senses, probably the most obvious and valuable influence in the development of the intellect of the race is a public school system which provides that each child at its most impressionable period shall have

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means and encouragement for the systematic exercise of its mind. The wide diffusion of literature of all kinds made possible by improved methods of printing and distribution, supplies a further means for that exercise of the mind by which it grows. In a similar way the morality of the species must be improved by the early religious training which most civilized parents provide their children.

2. *Improved Machinery.*—One of the most noticeable results of man's advance in civilization is the greater extent to which he is able to control the forces of Nature, and harness them for his own work. While his wants multiply, his means of gratifying them are vastly improved. He prefers to use his brain to invent a machine to carry him from place to place, or to relieve him of labor rather than attain his object by muscular effort. The labor saving power of modern machinery is enormous, and the sum total of its effect must be to relieve the body of drudgery, and give leisure and energy for the development of the mind. This force will be more potent when juster and wiser economic conditions secure to the people at large the benefits of the greatly increased efficiency of labor. As these conditions improve many prudent and excellent men who now for financial reasons remain single or marry late in life, will enter the blissful state earlier and have a chance to leave more numerous progeny.

3. *Alcohol.*—Dr. Archibald Reed has published a book on alcohol as a factor in evolution. The following is the gist of his views as given by the standard: "Man is by nature prone to alcohol, and some individuals are more prone than others by virtue of that accidental variation which obtains throughout the animal and vegetable world, and is the basis of evolution according to the Darwinian theory. Now, excess is injurious, and the more alcoholic die sooner than the less alcoholic, and consequently the use of alcohol tends constantly to racial sobriety by the elimination of the drunkards and the survival of the fittest, who transmit their moderate tendencies to their children. It follows that the longer a race is exposed to the action of alcohol the more sober it becomes. Hence attempts to promote temperance by abolishing or diminishing the supply are really schemes for the promotion of drunkenness, because they tend to the preservation and perpetuation of the more alcoholically inclined who would otherwise die out."

While it must be admitted that alcohol, being such a prolific, exciting cause of crime, insanity and early deaths, will tend to the elimination of those with a tendency in these directions, many would be far from admitting that the end justifies the means. Few will admit that "man is by nature prone to alcohol," and at any rate the application of Dr. Reed's idea seems more in harmony with the ideals of savages who destroy the weaker members of their community than with modern ethics. Alcohol has been rightly regarded as most terribly injurious to the individual, and it is a comfort to believe that it makes for the improvement of the race as a whole.

4. *Prostitution.*—Discussing "Prostitution as a Factor in Progress," Dr. Woods Hutchinson gives evidence to show (1) that ninety per cent of prostitutes are drawn from the lowest and most ignorant class of the population, the degenerates or criminals, the idle and the mercenary, a class which the community can best afford to lose; (2) that their average lifetime, after entering this career, is nine and five-tenths years, the shortening of life being due to the following causes, named in the order of their importance: Alcohol, venereal diseases, morphine and chloral, suicide, irregular hours and exposure; (3) that during their active life they are practically sterile; (4) that they seldom reform, and if they do, are sterile to a high degree. Thus prostitution is an agency of high value, and wonderful efficiency for first rendering sterile, and then rapidly destroying the worst specimens of the sex—women whose reform and child-bearing would be a curse to the community. No need to spay the prostitute or castrate the criminal; they will do it themselves if given a little time.

As to the man, if he is infected with syphilis, he is much less apt to become the father of children. He may be sterile for several years, either by abstinence or by the infection of his unfortunate wife. In the latter event, abortion after abor-

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tion would occur until viable children were born, and even then Larnier declares that eighty-five per cent of syphilitic children die before the sixth month.

5. *Insanity.*—This is another one of Nature's methods for eliminating the unfit. "Whom the gods wish to destroy they first make mad," seems to be true of man in numbers as well as of individuals. The insane are confined, and thus do not marry, or they commit suicide. Those with a hereditary tendency to insanity commonly abstain from marriage or find difficulty in obtaining a mate.

6. *Sexual Selection.*—This is without doubt one of the most important influences that exists for the improvement of the breed of man. Darwin recognizing the important part played by sexual selection in the evolution of the human race, discusses it at great length in the "Descent of Man."

Among savages the selection of a mate was confined principally to one sex, the male, the female having little choice in the matter. Under civilization choice is exerted by both parties. It is evident that the results of sexual selection will depend on the taste of the people among which it acts. A man's judgment of what constitutes physical beauty and charm, and mental and moral perfection, and his conception of the relative desirability of these qualities in a woman must influence his choice of a wife. Among savages adiposity is commonly considered an element of beauty. With increased culture ideals have changed. The woman that most attracts modern civilized man has a beauty that the Hottentot could not appreciate. While she has physical beauty of a higher type, it is her mental and physical qualities that count most. A woman possessed of beauty, good health and attractive qualities of mind and character is much more likely to marry and bear children than one less favored. Likewise in her choice of a husband, a woman will reject the weakling in mind or body, and favor the virile. Thus marriage is a constant process of selection of the fittest in all desirable qualities, the weaker, the profligate, and unfit being left in single sterility. Statistical proof of the physical inferiority of the unmarried to the married [redacted] death rate among the two classes in various countries. In France, out of one thousand unmarried men between the ages of twenty and thirty, eleven and three-tenths died annually, while of the married of the same age only six and five-tenths died. In Scotland the death rate was shown to be more than twice as high among the unmarried as among the married of the same age. It seems to be a common belief among students of society that gifted men and women marry less and later, and have fewer children than the thoughtless multitude. If this were true, and the producing of the next generation were left principally to those less gifted, it would be a loss to the race. But Prof. Thorndike and others have shown that there is no avoidance of marriage peculiar to eminent men.

7. *The Suspension of Military Selection.*—When a state creates an army, the stronger, the braver, the finest specimens of manhood are selected to go to the wars, and to die early, without offspring. The weaker are sent to the plow, and are allowed to reproduce their kind. This form of selection has in the past exerted a very injurious influence, and still does so to the extent that it is operative. Dr. Jordon considers military selection operating for centuries, a main cause for the degeneracy of the peasantry of the Latin nations. However, with the growth of sentiment favoring peace among nations, and the reduction of standing armies, military selection has waned, and its influence as an evolutionary factor is becoming less and less to the great benefit of present and future generations.

8. *Extinction of Less Fit Races and Nationalities.*—"Obscure as is the problem of the advance of civilization," says Darwin, in the "Descent of Man," we can at least see that a nation which produced during a lengthened period the greatest number of highly intellectual, energetic, brave, patriotic and benevolent men would generally prevail over less favored nations." When civilized peoples come in contact with uncivilized, the struggle is usually short. The partial or complete extinction of many subraces and tribes is historically known. Darwin gives a full account of the racial death of the Tasmanians, the Maoris of New Zealand,

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the Sandwich Islanders, and certain of the Australian tribes, which resulted from their inability to adapt themselves to changed conditions. The displacement of the red race in America by the civilized white is familiar.

The causes of extinction are complex, and can not be discussed here further than to mention that in Darwin's opinion, it is due largely to an extraordinary susceptibility of the reproductive system, similar to that observed in many wild animals which refuse to breed in confinement. Even under favorable conditions savage races are less fertile than civilized.

It becomes evident, therefore, that as the world fills up, and the struggle becomes more fierce, the races to be most injuriously affected will be the uncultured ones. It is a matter of a short time when the entire habitable globe will be occupied by civilized men. Now the tropics, which have hitherto been left largely to the inferior races, are being occupied by the civilized hordes from the beginning-to-be-crowded temperate zone. The pressure is beginning to be felt. In North America, when the tide of westward emigration is stopped by this pressure, as it must be soon, it will turn toward South America. What the result of a competition between an Anglo-Saxon and a Latin people will be is not hard to guess A glance at the relative growth in population of the people of these two stocks, during the last century, is a striking illustration of the force of Nature's law which inexorably enforces the succumbing of the relatively unfit to the relatively fit. The following table from Schooling shows the great supremacy won by the Teutonic race over the Latin during this time:

	1800. Millions.	1830. Millions.	1860. Millions.	1890. Millions.
Teutons ...	43½	67½	98½	149
Latins	55	64½	77	86

In this table Teutons comprise the combined population of the United States, England and Germany; Latins, those of France, Italy and Spain.

It would seem that a race like the negro, unfitted by ancestry for civilization, and mentally and morally inferior to the white race, would be doomed by this law to speedy destruction. The rapid multiplication of the negroes in this country is somewhat puzzling. However, it is a fact that since 1800 there has been a steady decrease in the percentage of negro population compared to the entire population of the United States. At the date mentioned the negroes constituted nineteen per cent of the entire population. Now the proportion is only about twelve per cent. It is well known that the death rate of the colored race is higher than that of the white. Within the last few decades tuberculosis and syphilis have been especially prevalent among the negroes. Besides, as we have seen the struggle for "standing room," as the world becomes fuller, becomes more and more fatal to the unfit. In 1800 the world contained only about six hundred millions of people. Now the same sphere accommodates spme sixteen hundred millions. It seems certain that the negro race will succumb to the law, and will in some way be crowded out of existence.

On the whole, one must be struck with the great hopefulness of the prospect for the future of man. The entire trend of his evolution is,

"Upward working out of the ape."

What manner of being is the man of the future to be? I can see no limit to the possibilities of his growth.

[Written for the MEDICAL BRIEF.]

The Hopes of Man.

BY B. M. JACKSON, M. D., LL. B.,
Omaha, Nebraska.

"Knowledge and Wisdom, far from being one, have ofttimes no connexion. Knowledge dwells in heads replete with thoughts of other men, Wisdom in minds attentive to their own."—*Cowper.*

When a judge is called upon to decide an issue between two contending parties, he wants to hear facts in support of their respective allegations. It is seldom that the legal machinery grinds out an *ex parte* decision. When it does happen, it is because the plaintiff or defendant failed to avail himself of the opportunity given him to come in and support his statements. Likewise, when a business man is called upon to enter into a deal, or buy goods, he wants to know all particu-

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lars, that is, what the deal is about, how many chances he has to take, etc., and in buying goods, what they look like, how much they cost, whether they are the best goods manufactured, etc. In other words, they respectively want to know beforehand whether the deal, or the particular goods, will be to their advantage. The one refuses to take too many chances, and the other wants to know all particulars about the goods offered him. Why is it that, as a rule, men do not go into details regarding every matter in which they are or may be at some future time, interested? Above all, why does not man think for himself instead of swallowing predigested thoughts? Every human being has been endowed with faculties, why does he not make use of them? These questions have been puzzling my brains for some time, and I have arrived at the conclusion (1) that some can not think for themselves; (2) others do not care to, and (3) some dare not do so, all of which are the chief causes for the ills and the unhappiness of the majority of mankind. We must make up our minds that the human family will not be rid of its social and political ills, until the majority will exercise their own faculties, and not content themselves with the sophistry and distates of men whose motives are pure selfishness. I am sorry to say, that of all educated people, physicians are especially prone to swallow predigested thoughts, and content themselves with sophistry. The other day, I asked a "grafter" who were his victims since he landed in town with his "gold bricks" (mining stock), and to my astonishment he exhibited the names of half a dozen physicians, one preacher and one school ma'm. I asked his reasons for approaching physicians at first, and he answered "They are an easy bunch." "Doctor," said he, "I talk to them about everything imaginable, and by the time I am through talking I have their notes or orders duly signed, and sometimes cash in hand in addition." Is it any wonder that physicians generally lose their hard-earned dollars, and at the age when they most need a competence, they find themselves in sore financial straits? Many medical journals contain letters from physicians complaining that they have been victimized by collecting agencies, wheat pools, "gold" bonds (bricks), life insurance agents, etc., etc. Physicians are easily persuaded and readily influenced by men who have designs upon their welfare. No better proof is needed to sustain this charge, than the present medical registration laws. A prominent surgeon says "the rank and file of the medical profession are under a hypnotic spell, from which they ought to be liberated." But who can liberate them as quickly, and so easily as their own thinkers? If every physician should put on his thinking cap and think, banishing his prejudices, at least *pro tem*, he can not help conclude that he is "under an hypnotic spell" from which he must liberate himself. Physicians who have been in practice ten or more years, no doubt recollect the time when a medico-politician and "know-it-all" was a scarce article. To-day, they can be counted by the score. Every city, county and State "society" is practically infested with them. Some are on the "inside," and others try their utmost "to get in." Why is it that men in our profession try "to get in" in order to "manage" the fraternity, instead of depending upon their professional skill to make a living? Could not every physician discover "the nigger" if he should look for him? Of course he could; but, unfortunately, many prefer to be oppressed by these "guardians" and ridiculed by the public. About twelve years ago a few physicians discovered that the struggle for an existence in the medical profession was getting more and more difficult, especially because they did not possess any very great talent, but they learned from contemporary history, that among the trades there were "leaders" who did not work themselves, yet they had "a good thing." So they left their then chosen vocations of catering to the physical ills of mortal beings, and struggle for an existence, as the rest of us do, and commenced to cater to the social and political ills of their brethren physicians. "In union there is strength," they said, therefore, "let us organize." "When unionized we will force the legislators to pass laws which will drive out the quacks and charlatans," they said.

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Of course, many thinking physicians ridiculed the idea, and the majority did not want to have anything to do with the movement, as is evidenced by the fact that they are still without the folds of the "association," but some "did not look for the nigger," hence followed. In all sincerity, what are the conditions to-day? The followers have legislated themselves into oblivion, and their "leaders" and "politicians" into existence, by virtue of which the latter have sinecures. If physicians would know what the leaders and politicians are doing, let them write to Dr. T. A. Bland, 231 Hoyne Ave., Chicago, Ill., for a pamphlet issued by the American Medical Union, which organization has fully exposed the doings of the Illinois Board of Examiners. Some may object that they have not legislated themselves into oblivion, but they have. No physician can remove from one State to another without paying a fee ranging from ten to fifty dollars, and in most instances pass an examination in addition. Pray tell, does practicing medicine for any length of time disqualify one? If not, why does he have to pass an examination? Again, does a physician receive anything tangible for the ten or fifty dollars he is asked to pay? The license! But did he not get a license without paying high fees before he assisted the medico-politicians to legislate themselves into existence? Of course he did. Suppose, that after paying the fee, and passing the examination, the holder thereof discovers that the present location is not good for him, hence wishes to remove to another, can he do it? Not at all; unless, he pays another ten or fifty dollars, and passes an examination *de novo*. While he is doing all this, and struggling for an existence, the politicians pocket the fees and tickle their bellies. Are these conditions for the good of the medical fraternity, or the "dear" public, or will they tend to drive out the quacks and charlatans? Think it over before you decide. Since "the guardians" have discovered that physicians are "an easy bunch," they want more laws. Apropos, in Hawaii they have solved politico-medical matters well. The territory is divided into twenty-three districts, and every district has a "government" physician who looks after the poor and sanitary matters. For this service each "government" physician gets about $1,000 a month. There are about one hundred physicians in Hawaii, and twenty-three holding government jobs at $1,000 per month; there are few bones left to the seventy-seven to crack, so they add to their incomes by conducting some business enterprise. In other words, the twenty-three have sinecures, and the seventy-seven have to engage in bootblacking, chimney sweeping, cigar selling, or anything useful, in order to add to their small incomes from the practice of medicine. Want some more laws, doctors? All right, you have only to ask for their passage. I said once before, politicians need lots of "pies" for distribution, and they are really anxious that one or a dozen individuals should ask them to create some more. People are generally robbed of their liberties, and the pursuit of happiness is denied them because (1) some are selfish, (2) others do not think for themselves, which would naturally lead them to conclude that certain things are not to their interest, and (3) the majority are indifferent. The last is the greatest crime, in a republic. The indifference of the majority and misrule of the minority was responsible for all the social and political ills of the Roman Republic, and is responsible for the social and political ills of the American Republic. Need I tell the family of the MEDICAL BRIEF that political matters in this grand and glorious republic are not what they ought to be? Even the International Food Congress, which held its session this month at St. Louis, has been startled with the announcement that government pure food inspectors were being paid by manufacturers of food products who wanted to adulterate their outputs, and violate the pure food laws. Human selfishness can never be remedied by law, nor do political guardians help matters. It is incumbent upon us, gentlemen, to be eternally vigilant. Eternal vigilance is the price of liberty, and it behooves those among us who have children, to fight for the possession of that jewel, and treat anyone as an enemy who wants to deprive

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us of same. The world's riches is as nothing compared with liberty and independence. Think of the millions who lost their lives in their struggle for the possession of these priceless jewels. Surely, you have not forgotten history! Surely, most of you have read something about Russia in the present age! "Ah," says the politician, "you would do as you please." Pray tell, why not? You are a physician, and so am I. What right have you to deny me the privilege to practice whereever I please? Are you entitled to greater political privileges than I am? The "laws" give you that right. How came those laws in existence, but for your own efforts and the indifference of the majority who did not oppose them? "Ah," says he, "there are quacks and charlatans (Throw ye the first stone who is without sin) who prey upon the cupidity of the people (Ah, the dear people! They have ever been robbed of their liberties and independence with such arguments), and we must have stringent laws." Stop your fooling, doctor. Do you think that you can persuade even an idiot to believe that my paying you from ten to fifty dollars every time I change locations, and my passing an examination in everything I was taught at a medical college years ago, or kow-tow before you, will drive out of existence the christian scientists, magnetic healers, osteopaths, psychopaths, spirit healers, etc., etc., etc.? Stop your fooling. "Ah," says he, "but the laws have been upheld by the courts." Of course they have been upheld, but why? Because judges are men, hence fallible. Also, judges no longer consult the spirit of the constitution. And all decisions practically mean this: You, gentlemen of the board of examiners, have been created at the instance of physicians, hence you are their "shepherds" and "guardians" only. So long as you enforce the laws on your "wards," we will uphold you. The moment, however, you will try to enforce them against any other "healing" art, all of which prefer to be free and independent, judging from the fact that they have not forced the legislatures to create "guardians" to manage them, we will not. I wish every physician would read the decisions rendered in most States wherein any other "healing" art was being prosecuted for practicing "without a license," and they will find out for themselves that the medical laws were enacted for one purpose only, viz.: to impose upon and hold up physicians. Since the medico-politicians have discovered that physicians are "an easy bunch," they want pure food laws, sanitarium laws, laws for this and laws for that, laws and nothing but laws. They tell physicians, and strange that some believe that these laws will be to their interest hereafter. Yes, hereafter! The priests always keep their "wards" under a hypnotic spell by means of this word—hereafter. Truly, man is a conundrum. He is indeed, as Pascal said, "the glory and the scandal of the universe." But men are gradually waking up, hence some day, let us hope, they will be imbued with wisdom and not mere knowledge.

Hope! Of all the ills that men endure,
The only cheap and universal cure!
Thou captives freedom, and thou sick man's Health,
Thou lover's Victory, and thou beggars Wealth!
—*Cowley.*

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[Written for the MEDICAL BRIEF.]

A Prompt and Effective Method of Treatment in Rheumatism.

BY L. A. RUTHERFORD, A. M., M. D.,
Kinston, N. C.

The treatment of uric acid diathesis will always be a matter of extreme interest to the practitioner, as rheumatism and its allied disorders make such strenuous demands upon the average medical man's patience, ingenuity and skill. Of the rheumacides in vogue, their name is legion, and of the most efficient of these, notably the salicylates, it may be truthfully said that it is like invoking Beelzebub to get rid of the Devil.

It is not my purpose to discuss the mechanism of the uric acid production in the organism or explain why, or how, this urotoxin is synthetized in the economy, but to concisely relate certain clinical experiments for the benefit of the BRIEF readers, to many of whom I am indebted for practical and helpful suggestions in the past.

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In a few of the medical periodicals which reach me, I found some reference made to the recent discovery of magnesium dioxide (MgO_2) or biogen, which was proclaimed as being so rich in its oxygen component that when exhibited per os it would, by being acted upon by the gastric acid, set free its abundance of oxygen in a manner that it would display its physiologic activity. Being curious although somewhat skeptical, I obtained from the purveyors enough of the product for chemical and clinical experimentation. By well-known simple methods, I was able to determine the presence of oxygen with which this compound is so liberally endowed, so plentifully, in fact, that H_2O_2, hydrogen peroxide, compares with MgO_2 in its oxygen equivalent in the ratio of one to ten, or, in other words, biogen has a volumetric percentage of oxygen ten times greater than that of hydrogen peroxide.

Again, if we place this chemical in apposition with the older hydrogen peroxide, its manifold advantages may be gathered from its stability, the antacid and medicinal effect of its magnesium molecule, the speedy but less violent liberation of its oxygen, the ease and impunity with which it may be administered internally, and its freedom from caustic and irritating properties. Given these attributes, of what worth is it, I thought, if this large supply of oxygen can not be absorbed, or upon ingestion exercises no discoverable influence upon the metabolic processes or proves futile in cases of well marked oxygen hunger.

As the "proof of the pudding is in the eating thereof," so it is with biogen. I had several cases of rheumatism, both chronic and acute, which had failed to respond to a routine or varied treatment. It seemed plausible that rheumatism being primarily due to a condition of suboxidation, the employment of biogen would be justifiable, at least on theoretical grounds. I am now free to confess that its choice was an inspiration, and the results encouraged me to believe that in this peroxide we have at hand a safe, sane and serviceable remedy for rheumatism and gout.

Of the number of cases treated with MgO_2 biogen, I may mention the following:

Case 1.—Mr. C., age fifty-six, had suffered from chronic articular rheumatism many years, together with functional torpidity of the liver, kidneys and bowels. This case was most obstinate, as salicin, sodium phosphate, strychnine, calomel, and, in fact, all approved internal medication, as well as local measures, had been applied without any distinct evidence of value. The patient was then placed under the biogen treatment, a five-grain tablet every two hours, and the improvement was very marked and rapid. After the first day the pain diminished, and the disappearance of the "brick-dust" deposit in the urine, together with the restoration of functional activity of the organs of elimination, would indicate that competent oxygenation was required and secured. The granular urates are susceptible of oxygenation, for while taking biogen the patient has experienced no recurrence of pain, or discomfort, and his condition may now be described as normal.

Case 2.—Inflammatory Rheumatism. Mrs. S., age fifty-one, has had several attacks during ten years. The involvement was quite characteristic, the left knee being affected, there was considerable inflammation, pain, swelling and tenderness. The urine was highly colored, and of high specific gravity. The temperature at onset was 102° F.; the other symptoms were headache, nausea, anorexia and lassitude.

To control the vomiting I gave ten grains of bismuth, but failed to relieve the patient of pain, either through local application of cocaine, or the administration of such rheumacides as colchicin, sodium, salicylate, euonymin, podophyllin, arsenic or iron. Temporary relief was only obtained by recourse to opiates. Upon prescribing ten grains of biogen every two hours, the pain diminished within forty-eight hours, and the swelling subsided. The biogen treatment was continued some time after the symptoms of the disease ceased, and the physiologic effect of MgO_2 seems to have conferred a longer period of immunity than the patient has had in years.

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In muscular rheumatism, by experience with this oxygen product has been even more fortunate. The relief has been invariably prompt and permanent.

I wrote the agents or manufacturers, the Medical Dioxide Company, New York, to send me a supply for distribution to members of my county medical society, which they did, and it is now my privilege to state that some of my colleagues concur in my opinion that the good results obtained from its use are no doubt due to the rapid oxidation of the toxins of rheumatism, and that the refuse material of this dyscrasia is thus rendered soluble and eliminated.

If any reader of the BRIEF has used MgO_2 in practice, I am curious to learn whether his experience has paralleled mine.

[Written for the MEDICAL BRIEF.]

A Case of Priapism.

BY P. S. AYRES, A. B., M. D.,
Paola, Kan.

Having been a reader of the BRIEF for five years, and noting, the *Medical* —— to the contrary notwithstanding, that my BRIEF was discontinued when I failed to remit, I herewith send check for one dollar, together with the report of a case which, if you consider of sufficient interest to publish, all right, and if suitable only for the waste basket, all right.

Case of J. T., colored, thirty years old, married; occupation, driving baggage wagon. First attack was in August, 1903. In February, 1904, he had an attack of pneumonia. Following this he had an attack of priapism two or three times a week. Dr. V. treated him, diagnosing bladder trouble; treated by irrigation of bladder. He consulted Dr. H., Dr. R., and Dr. B., each of whom made light of his malady. The attacks came on at two A. m., lasting until about eight a. m., after going to work. The last attack seized him at two a. m. August 1, 1904. At four a. m. the pain was so excruciating that he called Dr. W., my partner in business. At eight a. m. Dr. W. came to the office and stated the case to me and asked for an opinion. I gave opinion that there was a serious nervous lesion, which coincided with his opinion. We went to work together on the case, putting him on full doses of bromides. At eight p. m., patient became frantic with pain in the penis and was slightly delirious. I went to his aid, staying until eleven p. m. During this time gave him seven-eighths grain morphia hypodermically. The pain subsided so he did not suffer so severely, but no sleep intervened. At 7:30 a. m., August 2, Dr. W. called, giving him one-fourth grain morphia and one-twentieth apomorphia. This induced sleep, but no relaxation of the penis. At 1:30 p. m. Dr. W. saw him again. The pain was returning, becoming unbearable. He repeated the injection, giving one-eighth grain morphia and one-tenth grain apomorphia, which induced sleep without any nausea whatever. We hoped to produce nausea and relaxation, but were disappointed. I went at five p. m. and found no improvement, and a temperature of 102° F. At eight p. m. we both called and found no improvement, but a further rise in temperature to 103° F., and delirium increasing. The patient became very restless. At three a. m., August 3, I was called and found him in no pain to speak of, and ordered the bromides continued. At seven a. m. called again and found pain returning; temperature 102° F. Gave him one-eighth grain morphia and one-tenth grain apomorphia. He rested well until three p. m., when I found him with temperature of 101° F., still delirious, but more rational at times for a few seconds. Agreeable to a conclusion reached by Dr. W. and myself, I gave hypodermic of one-fifth grain apomorphia, which merely induced sleep, nothing yet producing any relaxation of spasms of the penis. All this time the pulse ranged from one hundred to one hundred and twelve per minute. Dr. W. called at eight p. m. and found him quiet, without any rise of temperature, gave enema, which moved the bowels; gave tablespoonful of epsom salts which moved bowels twice during the night. He rested well all night; took some nourishment at seven a. m., August 4. I called at eleven a. m. and found a lagging heart, pulse rapid and small, extremities cold, temperature 98° F., respiration thirty. I ordered hot applica-

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tions to extremities, and stimulants. Continued the bromides, adding one-sixtieth grain of nitrate of strychnia every three hours. Up to this time we had not succeeded in relaxing the spasm at all. Dr. W. called at 7:30 p. m. and found patient very restless, very hard at work handling baggage. He gave hypodermic of hydrobromate of hyoscine. Patient quieted down for an hour but again became restless, pulling covers and tearing sheets. I was called at 11:30 p. m. and gave hypodermic of one-fifth grain apomorphia. This produced no results whatever. I waited an hour and fifteen minutes and then gave hypodermic of three-eighths grain morphia. This induced sleep. His pulse was full and strong, running ninety per minute. Respiration short and running sixty per minute. The respiration soon slowed up and patient commenced with free perspiration. He was wholly unconscious, passing his urine in bed.

Some time the following day, August 5, the patient's brothers came and insisted on a change; so Dr. V., who had had the case since February, was recalled and we were dismissed. However, through friends, we were kept posted in a general way on the progress of the case. It continued about as described above for the time we were on the case until August 12, 1904, when the patient died. The erection of the penis continued unabated for the entire twelve days and also after death, being buried in that condition. Our diagnosis was degeneration of the fibers in the controlling tract within both the direct and crossed pyramidal columns of the spinal cord, and that priapism was from reflex irritation, remaining unchanged because inhibitory control from the brain was cut off. We gave an unfavorable prognosis from the start.

Was our diagnosis correct, and was our treatment rational?

Success to the BRIEF.

Please find enclosed my dollar and allow me to thank you for notifying me by letter and not stopping my BRIEF, because if you ever published a copy of the BRIEF that was not worth more than a dollar it was a copy that no man of understanding read.—F. A. ROSE, M. D.

[Written for the MEDICAL BRIEF.]

Puerperal Fever.

BY JOHN B. M'CLELLAN, M. D.,
Murfreesboro, Tenn.

The various afflictions, collectively known as purperal fever, originates in one or two ways:

First, and usually, in the neglect to secure complete evacuation of the womb and subsequent cleanliness of the vagina.

Secondly, and less often, except in hospital practice, by infection, either from other lying-in women, or from subjects of surgical injuries and infectious diseases. For the first two or three days after delivery there may be no indication of anything wrong; but on the fourth or fifth day the woman becomes somewhat listless, with no appetite, and has perhaps a slight headache. A few hours subsequent to the development of these symptoms, there occurs a chill, which is often of such violence as to shake the patient in bed.

This is followed by a high fever, intense pain in the head, flushed face, suffuse eyes, pain and extreme tenderness in and around the enlarged womb; in twenty-four hours the abdomen is somewhat bloated, the lochial discharge ceases, or is at least much diminished, and often very offensive; the milk not infrequently is greatly lessened in quantity. In severe cases delirium occurs often after a few hours of intense fever.

As to treatment; the vascular sedatives are important remedies in the treatment of this fever, veratrum viride and aconite being the principal ones in use. They have, as in other conditions, almost, or quite, superseded the drawing of blood. The pulse must be the guide, and experience alone when to give and when to withhold these sedatives. Alcoholic stimulants may be used according to the condition of the patient. Whisky, in health, may increase the temperature, but in disease, the condition may be changed.

Quinine may be administered in large doses during twenty-four hours, but later may be given as a tonic in small doses. In great debility nux vomica is one of the best spinal stimulants. Emetics are not indicated. Purgatives to be avoided—a

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very decided rule. If the bowels can be moved in the beginning, well and good; if not, let them alone; active purgatives are to be avoided, and the practice of moving the bowels every day or every other day will surely bring harm. If there be excessive bilious vomiting, give calomel with bichlorate of soda, and you will get the best possible results obtained from the use of any purgative. If this fails, use an enema, and if this fails, let it alone, for it is useless to tug away at a paralyzed organ—harm will be the result.

I have attended cases in which I have seen the tympanites disappear, apparently the result of free action from the bowels. the tympanites usually returned in greater or less degree in from six to twelve hours. The question naturally suggests itself, why not keep the tympanites in check by means of purgatives if this be the case? I answer that, as a rule, the presence of tympanites will do less harm than the effect of the purgative, and only in these cases in which the bowels act of their own accord, or by the gentlest assistance, does the tympanites pass off as a result of the bowels acting. You can rest assured if violent means are used to move the bowels, not only the tympanites, but all the other symptoms will be severely aggravated. In many cases, opium will relieve the pain, but will not procure sleep; on the contrary, it brings about a peculiar wakefulness. In this condition, a combination of ten grains of chloral hydrate with about five to ten grains of bromide of potassium repeated every three hours will give happy results. Local applications in the shape of turpentine stupes over the entire abdomen are of the very highest importance, and should never be neglected. The nutrition is of supreme importance, and we must try to sustain the vital power through the trying ordeal. In case we have local indurations about the pelvic cavity, a fly blister is superior in the way of a resolvent. I believe that the preponderance of medical testimony is decidedly opposed to uterine injections. In order to treat the case successfully, the physician should visit the patient very often. They look to us, as physicians, for support, and it is as imperatively our duty to give it as it is our duty to prescribe a remedy. Finally, the closest attention, the keenest discrimination, the boldest, yet greatest discretion in the use of therapeutic means, and an influence of the attending physician over the patient, are prerequisites, in order that one of the most formidable pathological conditions be met successfully.

A large percentage of severe cases are lost at best, and there is not another class of patients which commands more fully the heart of the conscientious doctor than this.

[Written for the MEDICAL BRIEF.]

Woman's Intrinsic Powers Unknown to Herself.

BY J. W. C. WEST, M. D.,
Gill, Ark.

This subject, seemingly, is an all-important one, scientifically, to the human female, as well as the bored professional doctors. And the female, in her most wonderful innate operations, is unknown to herself—except a very few who, perhaps, have expanded far enough mentally to grasp the essential idea. This class, however, is not the one we wish to extend this communication to—but to the unthoughtful female who should catch a beneficial thought along this particular and peculiar field, the negligence of which, we think, has laid the foundation to and for many malformations and disfigurations to fetal development in its earlier uterine make-up.

I believe and feel that preventive instruction should fall before their observation through doctors, and the greater magazines—preferably the good medical ones, as they would carry with them that potent power to so much greater efficacy.

Up to the fourth month of pregnancy, the mother should by all means and at all times, as far as is possible, avoid placing her optics upon any kind of unsightly objects pertaining to disfigurations and deformities. As these unpleasant viewings are transmitted with great vehemence along the optical tract to the cerebrum or brain gallery, thereby we have a perfect picturesque implantation left for the maternis diural thoughts, fol-

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lowed by shuddering terrors in her nocturnal slumbers that carry with it by day and night a constant source of mental stimulation that sets her entire corporeal system, both imitative and co-operative, to perform like unto and similar to the object cast before her optical inspection.

Hence these mental impressions, becoming central irritations, are sent out through the various nervous channels, controlling and regulating the nutrient-bearing vessels of fetal construction; constricting here and expanding there; building excessively at one point and curtailing at another, until at the expiration of nine months we have before our inspection a good likeness of the previous subject built or drawn from.

Therefore, the great and unlimited necessity on the part of the mother in avoiding optical inspection of unsightly objects during earlier utero-gestation life.

Now methinks, by mental telegraphy, or some other informing process, I hear some one controverting this theory. And should I be correct, will you please reflect upon olden times, in ancient history, and take a scanning view of the fundamental principles of this theory, when Jacob of old operated along this line, producing spots upon his herds by placing striped or spotted poles at the drinking grounds of his cattle, making a complete success along this same optical transmission. So we see verifyingly that it is true, not only in disfigurations and monstrosities, but equally so changing up in colors. Also this same power, seemingly dormant at times, has many various capacities unthought of by the majority, who have never given it a serious and profound consideration.

This intricate compound of human mechanism is endowed with varied abilities. Twice during my professional career have I seen her surgical abilities displayed. Once in amputating the middle finger, bone and all, leaving a fine stump. The second operation was performed upon a subject who had been frozen so extensively as to have lost both hands and feet by deep molecular destruction, relatives positively denying external surgical aid. At this juncture the intrinsic surgeon proclaimed his power and ability with entire success, removing both hands and feet, leaving as fine looking finish as any external artistic surgeon. Such being the facts, why should we doubt for one moment the female powers to modify, disfigure or monstrofy her progeny in earlier uterine developments by stimulating her innate operators through optical transmissions and impressions?

[Written for the MEDICAL BRIEF.]

Is the Foreskin a Useless Organ?

BY S. J. BROWNSON, M. D.,
Elkins, Ark.

"A BRIEF Reader," in a recent number, asks this question. I answer, no; emphatically no! It has a very definite purpose, and serves it well. That purpose is the protection of the glans penis from injuries, and especially from becoming less sensitive by constant contact with one's clothing. Anatomy teaches us that the glans is designed by Nature to be exceedingly sensitive. Our experience confirms this fact. Nature also seems to have intended that the act of copulation should be accompanied by the most exquisite enjoyment. Our experience teaches us that this is true only in so far as all the conditions for the successful performance of the act are fulfilled. One of these conditions is certainly a clean, healthy and highly sensitive glans penis. In the female the clitoris is the analogue of the male penis, and its glans, partially hidden between the anterior extremities of the labia minora, and protected by them, is profusely supplied with nerves and exquisitely sensitive. This is the principal organ of sexual pleasure in the female as the glans is in the male; and it is equally well protected. The pleasure of sexual intercourse is lessened in proportion as the glans in the male or female is rendered less sensitive by the removal of its natural protection. It is noticeable also that the glans in the lower animals is protected in like manner. Circumcision, therefore, should not be performed, except in phimosis, or other cases of absolute necessity.

So far as the accumulations of smegma are concerned, the glans, like all other portions of the "human form divine," should be kept scrupulously clean, and in a healthy condition.

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Inquiry Department.

Syphilis?

QUESTION:—One of my patrons, of high standing and excellent family, called on me to diagnose case, as he thought he had contracted syphilis. Six days after exposure noticed slight abrasion of fold of skin on organ, with slight redness and tenderness. Now, after four days' application of calomel and lime water, there remains a little tenderness on pressure; redness gone. Presents a slight cracked appearance, something like chapped lips. Has never appeared angry nor has there been any discharge. Never noticed any pimple.

There is a history of mechanical irritation as a possible factor in causing this present trouble, and I have been inclined to attribute it to that.

Place seems to be slightly raw when oil or vaseline is applied, but dry ordinarily.

Patient is very much alarmed, and I am not satisfied to put him on strong syphilitic treatment for months unless I was sure of the diagnosis. Please give me your opinion; would also like to hear from those in the profession who have had much experience.

Also, please give me the best, and some treatment outside of mercury and iodide. Standard works give mercury and iodide of potash as specific and nothing as good. Any reader of BRIEF who has had experience in the above disease will please give me assistance in this case, as I am much interested and wish to begin constitutional treatment at once if there is need.

I gather from my works that all soft chancres have no period of incubation, and do not commence as a pimple but as an abrasion, and are not considered to cause constitutional trouble or any after effects. I will appreciate any light and assistance in this case.

Box 622, Oklahoma City. PRACTITIONER.

ANSWER:—It is very unusual for a syphilitic chancre to make its appearance so soon. From three to five weeks usually elapse after exposure before the initial lesion makes its appearance. On the other hand, a soft or non-infecting chancre may appear a few days afterward. Your description resembles neither, but has the appearance of eczema.

A preparation made from the green root of stillingia sylvatica is an excellent constitutional treatment for syphilis. Its merits were thoroughly tested in the late civil war. You can obtain such a preparation of Lloyd Bros. & Co., Cincinnati, Ohio. It is also an ingredient of Battle & Co.'s world-famous preparation, iodia, so much used in syphilis. Iodia does not disturb the system in the way the iodide of potash, as usually administered, does. The preparations mentioned will do no harm, even if syphilis has not been contracted, being useful in skin diseases. As to the local treatment you will find equal parts of listerine and Pond's extract of hamamelis, with a little water and a few drops of glycerine added, excellent.—ED.

In Re Vaccination.

EDITOR MEDICAL BRIEF:—In a recent issue of the BRIEF, you expressed yourself in favor of vaccination, and as it is generally conceded that those in favor of vaccination are also in favor of compulsory vaccination, I would like you to answer the following question:

Are you in favor of compulsory vaccination, or would you give the individual the same rights on this subject you accord on other subjects, viz., the power to say yes or no as to whether the operation should or should not be performed on him or his?

I love the independence of the BRIEF for the way it has denounced the antitoxin and other fads, and hereby give it the opportunity of a straight expression on the vaccination question as to whether it should be compulsory or voluntary. I. S. WHITE, M. D.

Riding Mountain, Manitoba, Canada.

ANSWER:—The Editor of the BRIEF is *not* in favor of compulsory vaccination or compulsory anything else. The evidence at present appears to favor vaccination, hence we endorse the practice. At the same time we concede to the other man the same right to his opinion which we exact for ourselves. If he does not believe in vaccination, and prefers to take his chances of contracting the disease without such protection or immunity as vaccination affords, he has a right to do so.

We must never forget, in these questions of opinion, to ask ourselves, who has the right to be the judge? Who is there among us so great, so infallible, that he can decide the matter? Was there not a time when the would-be leaders of the profession wanted to compel the use of tuberculin? And to-day where is there a remedy so thoroughly discredited as tuberculin? Where can we find a man, in face of the changing fads and fashions in medicine, to say that he will be the judge as to what shall and shall not be done?

Before we start out compelling people to do this and that, we want to be sure we are right. How can we do this when the history of medicine is replete with dis-

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carded remedies and practices? Who would make a business of bleeding fever patients to-day? Yet it is in the memory of practicing physicians when this was the orthodox practice, and not to bleed made a physician lose caste.

Compulsion belongs to the dark ages and to penal systems. It has no rightful place in an enlightened civilization, a learned profession.

When a man wants to compel you to think or to act as he says, he wants to exploit you in some way. He is a monumental egotist, governed by entirely selfish motives. Pay no attention to him. Insist upon the right to think for yourself. Mental liberty is the greatest of earthly boons, worth all the blood and agony it has cost past generations, all the responsibility it entails upon posterity.—ED.

Information Wanted.

QUESTION:—I have a patient whose case I should like to submit to you for help.

A man, farmer, aged forty, while sitting one evening with family, felt something crack in ear and fell off his chair onto floor. Was seemingly unconscious, could hear his friends around him talking, but was, himself, unable to speak, the attack lasting a short time, when he got up and felt as usual, except was a little nervous.

This happened about four years ago. Since then has had almost all of the time a dull, heavy feeling in the back of his head and neck. Medicine seems to help him, but only as long as he uses it.

Patient is very anxious to be cured of this. Is there any hope for him, and what is the best treatment?

His general health is good. Bowels in good condition, kidneys act well, eats well, but does not sleep well.

Any information will be gladly received.

Butler, Pa. D. M., M. D.

ANSWER:—We should say that there was a sudden increase in inter-cranial blood pressure; also, perhaps, an alteration in the air pressure in eustachian tubes and middle ear, occasioning the crack and slight shock following disturbance in so important an organ as the brain. The middle ear and semi-circular canals are so closely related, anything wrong with the former may affect the body like a stroke so far as appearances go.

It is evident that the circulation in the base of the brain is far from good, as shown by the dull heavy feeling. Have you tried the iodide of ammonium in quite small doses, repeated at frequent intervals for the effect? Ergot and belladonna may also prove of service. Celerina is a capital remedy for this condition. Apply small flying blisters to the nape of neck.

Sometimes where medicines wear out in these cases, the static breeze is remarkably efficacious.—ED.

Urethritis.

QUESTION:—Young man aged twenty-two, works quite hard; never drank, nor does he use tobacco. Practiced masturbation, but not after fifteen years of age. Last November noticed symptoms resembling gonorrhea. Discharge very slight, but worried somewhat over it. Consulted physician, who made light of it. At length consulted another physician, who at once commenced irrigating and passing sounds. This was continued for several months without any practical benefit. Finally went to a specialist, who used the dilator for about two months without helping him any. The after effect of all this treatment was to cause great pain and soreness, so that the parts were worse than before.

There seems to be no inflammation near the bladder; trouble appears to be located within one or two inches of end of penis. There is still about the same amount of discharge. Urine shows shreds.

General health good. Appetite good and digestion fair. Dark circles around the eyes. Complexion rather oily. Complains of seminal losses at stool.

Would appreciate some assistance in this case, as the trouble appears to be obstinate.

Ill. W. M. S., M. D.

ANSWER:—There seems to be a chronic catarrhal state of the bladder and urethral tract. First you will require alterative remedies to improve the nutrition and vitality of the parts, followed by a restorative of normal function:

℞ Ammon. Benzoat.....3 drachms.
Tinct. Nuc. Vom.....3 drachms.
Ext. Hydrastis, Can. Fl....2 ounces.
Essence Pepsine (Fairchild)
q. s.....8 ounces
M. Sig.: Teaspoonful three times daily.

When this has been taken up, put him on sanmetto, and keep him on it for at least six weeks.

Prepare a solution for local use by adding three ounces of Kennedy's dark pinus canadensis to a pint of destilled water, and inject a syringeful night and morning, to restore the tonicity of the mucous membrane.—ED.

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Sexual Weakness.

QUESTION:—In reading BRIEF, I notice that you sometimes advise the use of sanmetto for the cure of sexual disorders.

In a case of weakness of these organs with frequent emissions, would its use be likely to cause an increase of emissions through its tonic effect and by causing an increased activity of these parts?

What the case needs is something that will tone and strengthen these parts without stimulating them. The trouble was caused by self-abuse, continued for many years, and even now, though he has overcome the physical form of the vice, has great difficulty in controlling his thoughts.

Also suffers from nervous indigestion and constipation.

What is the effect of sanmetto on the stomach?

Pa. E. E. L., M. D.

ANSWER:—We do not think the effect of sanmetto would be to increase the emissions. It is not a stimulant or excitant; its action tends to restore the normal state. We have never noticed any such effect as that mentioned by you. In irritable bladder it has a most soothing action.

In regard to its action on the stomach, of course, people vary in this respect. We have never seen it cause any trouble in this particular.

We would suggest that you give your patient a teaspoonful of sanmetto a half or hour before meals, and a small teaspoonful of chionia after meals, for the relief of the indigestion and constipated bowels. As the bowels begin to yield, gradually reduce the dose of chionia and stop it. Then you can alternate with the plain phosphate of soda, in thirty-grain doses, or less, until he ceases to need any medicine.—ED.

Quassia.

QUESTION:—Please answer the following in the Inquiry Department of the MEDICAL BRIEF:

What is the physiological effect, therapeutic uses, indications and doses of quassia?

Pauline, Ark. J. A. BURNETT, M. D.

ANSWER:—Quassia is a simple bitter tonic, in medicinal dose, increasing the secretions, and imparting tone to the mucous membranes. It improves appetite and digestion, where indicated; hence promotes nutrition, and enriches the blood—theoretically, at least. Its administration must be watched, however, for if it is taken too long it is liable to disorder digestion, and cause gastric catarrh.

Its principal use has been to relieve the loss of appetite following malarial fevers, and in the slow digestion resulting from a relaxed and torpid state of the gastro-intestinal mucous membrane. Food often tastes like ashes—in this condition.

There are other and better preparations in the market to-day which fulfill these indications in a more satisfactory way, so that quassia is but little used, except as a local treatment for thread-worms.

Injections of infusion quassia are a harmless and efficacious remedy for this parasite, first washing out the bowel well with soap and water, and then injecting a half-pint or a pint of the infusion, which should be retained for some minutes. One or two injections will destroy the worms, provided the fluid is injected high up into an empty rectum.

The usual dose of the tincture is a half to one drachm, of the fluid extract half a drachm, of the extract one to three grains. The infusion is given in one-half to two-ounce doses.—ED.

Chronic Articular Rheumatism.

QUESTION:—Again I come to you for help. Hope it will be as beneficial to my patient and myself as on other occasions.

Ralph Smith, ten years old, is suffering from chronic articular rheumatism. His first sickness was chronic malaria, then complained of pain in small of back, then commenced dragging right leg. First the right knee enlarged, then the left, then the ankles were affected and the great toes. Occasionally has fever. Feet also swell. Has weak eyes. Eyes turn red and water and swell.

Sometimes complains of pains around the heart, gets helpless, and again is real bright.

I should like your best treatment for this case.

Queen City, Texas. J. D. GOWEN, M. D.

ANSWER:—Would give one-twelfth grain of calomel with ten grains each sugar of milk and bicarbonate of soda every hour until bowels move; follow with a glass of effervescent citrate of magnesia.

Then put him on iodia, half a teaspoonful in water, adding three drops of tincture nux vomica, three times daily after meals. Apply a Benson's capscine plaster over small of back.

An oil rub at bed-time, using great gentleness, may be of assistance.

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Be careful what you feed him. Fresh fish, poultry, and even cold boiled ham, are easier of digestion than red meat in these cases. Potatoes and most vegetables are bad. Fruits may be used. Honey in the comb, rice and corn bread are good if they agree. Milk of good quality, and poached eggs, are nourishing, if digested well. Have him eat at regular times, and always of good plain food.

The pains around the heart are probably neuralgic, but you had better examine that organ carefully.—ED.

Nervous Debility.

QUESTION:—Young man, aged thirty, five feet eight inches in height, weighs one hundred and fifty pounds. Practiced masturbation since puberty, but seldom of late years, and for some months not at all. Desires to marry soon and is anxious for the restoration of sexual health.

Present condition: Erections occur very easily, followed by emissions. Erections strong but has no control over the emissions. Patient is easily irritated and nervous at times. Does not feel refreshed by sleep. Otherwise health is good. Good appetite, bowels regular, no nightly losses nor bad dreams, but tongue is always coated.

Kindly give treatment indicated; also state what you would diagnose the case. Can case be permanently affected?

Wis. A. C. McC., M. D.

ANSWER:—The young man is paying the penalty of a spendthrift waste of nervous force. If he has a good constitution, and sufficient will-power, he can probably be cured, but it may take some time, as the sexual organs must have rest, and be educated to better habits.

The indications are for a preparation to tranquilize the nerves and a circulatory tonic.

We should put him on neurilla, teaspoonful three times a day, in conjunction with the following:

℞ Acid Nitro-hydrochlorici Dil. 1½ ounces.
Tinct Cinchonæ Comp...q. s. ad.....8 ounces.

M. Sig.: Teaspoonful three times daily after meals.

This acid must be the freshly-prepared red acid.

This young man must guard his self-control in every way, for thus he can reinforce and strengthen the whole nervous organization. Let him keep his mind filled with wholesome and uplifting thoughts; live by law rather than impulse and caprice.—ED.

Prostatitis.

QUESTION:—Please assist me in the following case:

Young man, aged thirty years, appears to be in good health, has been troubled with prostatitis for the last three years. Has premature ejaculation. Erections are fair. Is very nervous. Has never had any venereal disease. Appetite is good. Sleeps well. Any suggestion will be appreciated.

St. Louis, Mo. E. H. K., M. D.

ANSWER:—We gather from what you say that the trouble is the result of sexual debility rather than of infection and inflammatory changes. Therefore, we suggest that you give the following medication a trial:

℞ Tinct. Hyoscyami.....2 ounces.
Tinct. Nuc. Vom.....5 drachms.
Celerina ....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful three or four times daily.

Cimicifuga is another good remedy in this condition, especially if you use Lloyd's preparation in one to three-drop doses. If you employ Lloyd's hyoscyamus or nux vomica, you must reduce the dose proportionately, as they are much more powerful remedies than those ordinarily found in commerce.

Hydrotherapy is sometimes of much value in this affection, if you employ the double tube, directing a stream of quite cold or hot water directly against the prostate. Also rectal suppositories containing boracic and tannic acids.

Diet should be bland, water pure and soft, bowels regular.

The passage of large cold steel sounds is of value in certain cases.—ED.

Bronchial Asthma.

QUESTION:—What treatment would you suggest for patient seven years old with bronchial asthma? Health otherwise good.

Freeland, Md. J. S. B., M. D.

ANSWER:—We would put her on respiton, forty drops three times a day. You can give in conjunction with this remedy, if it seems desirable, small doses of belladonna or hyoscyamus for a short period, as the respiton will require a little time to produce its full effects in a disease of this character.

We would suggest a light oil rub on retiring to bed, with soft woollen underwear, care as to the condition of the digestive organs and bowels, with a daily airing, and judicious management generally.

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Have this child's nasal passages and throat examined. If the tonsils are much enlarged, or there are growths in the nose or pharynx, or even an engorged and sensitive mucous membrane, local treatment will be required to remove these morbid conditions, and general medicine will do no good until it is attended to.

Sometimes iodia is very effective in these cases where a diseased condition of the respiratory mucous membrane is responsible for the trouble.—ED.

Indigestion.

QUESTION:—Kindly give treatment for the following case:

Man, aged thirty-one, was married last December. Feels well on rising in the morning, but after eating a light breakfast feels weak and nervous. Instead of feeling stronger after meals as he should, becomes weak and pulse rapid, sometimes rising as high as one hundred and twenty per minute. These symptoms all subside after an hour or two.

Does not drink intoxicants, nor tea or coffee. Has stopped smoking, but chews tobacco in moderation.

Sometimes experiences pain in region of left breast and heart. There is no history of heart disease or consumption in the family.

Sleeps well with the exception of dreaming constantly.

Says that semen passes with urine at times and he notices that he always feels weak and tired at such times. Is losing weight steadily.

Texas. G. F. L. B., M. D.

ANSWER:—This patient is suffering from nervous dyspepsia. We suggest that he be given one-sixtieth grain of strychnine sulphate half an hour before meals for a week or ten days, and a drachm of seng half an hour after meals.

If constipated, give a heaping teaspoonful of Warner's effervescing phosphate of soda in a glass of water before breakfast twice a week.

Rice and chocolate and corn bread are articles of food which we particularly recommend, if they agree with the patient. Also honey in the comb, nutritious soups, etc.

Should get a certain amount of fresh air exercise every day, and stop chewing tobacco. This, we consider, the most harmful way to use the weed. Smoking, from one to three cigars, or a good pipe, is preferable.—ED.

Amenorrhea.

QUESTION:—Please give a successful treatment for a woman who has always had a normal flow until two years ago, when she began smoking hop. She has never menstruated since, neither is there any other discharge.

She has the usual symptoms attendant upon menstruation each month, but nothing occurs. Has never had any venereal disease. Has had one child. Always uses hot douches in caring for herself.

Portland, Oregon. J. A. M., M. D.

ANSWER:—Have her discontinue the habit mentioned. Give her the following tonic and regulator to the reproductive system:

℞ Tinct. Nuc. Vom.....5 drachms.
Aletris Cordial Rio..q. s. ad..8 ounces.
M. Sig.: Teaspoonful three times daily.

A few days before the expected sickness, add capsules of ergoapiol to the treatment, and employ hot sitz baths.—ED.

Oxyuris Vermicularis.

QUESTION:—I have a male patient who is subject to intestinal parasites. They are the pin- or seat-worm variety, and do what I may they have never been dislodged. Would appreciate a suggestion from you or any readers of the BRIEF.

Rockett, Texas. H. W. ALDRIDGE, M. D.

ANSWER:—Injections of infusion of quassia are usually effective, if the bowel has first been thoroughly cleared out with enemas of soap and water. Also enough of the quassia injection must be used to reach well up into the bowel. A half to one pint is usually sufficient. Repeat the injections every other day until satisfied the work has been done. It is the thoroughness and care with which the operation is done that makes it successful.

A strong solution of salt water is well liked by some for this purpose.—ED.

Sexual Apathy.

QUESTION:—Man aged thirty-four, strong and healthy, married five years, complains of loss of desire with feeble erections. Has never practiced self-abuse and knows of nothing which could have brought about his present condition.

Kindly give treatment for this case and oblige.

Mass. J. W., M. D.

ANSWER:—We should say that this man is probably suffering from general nervous debility or spinal weakness. Would suggest that you give him fifteen drops of

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Fellows' syrup hypophos. comp., with a drachm of celerina three times daily. See that he cares for his general health intelligently, gets enough out-door exercise and recreation, does not use too much tobacco, etc., then tell him to bide his time and not worry.—ED.

Who Can Answer This?

QUESTION:—A correspondent at San Antonio, Texas, desires to know what preparation can be used to turn dark hair to a streaky gray without injury to the scalp or hair.

ANSWER:—As this query is beyond us, we turn it over to our readers, hoping someone may be able to satisfy our Texas correspondent.—ED.

[Written for the MEDICAL BRIEF.]

Sex at Will—A Scientific Discovery.

BY G. W. BOWEN, M. D.,
Fort Wayne, Ind.

I have practiced medicine here more than fifty years, and have taken great pleasure in trying to learn what was not generally known in relation to medicine.

I believe I have two points to give to the profession that is not generally known. The first is that eight out of ten of the first born will occur on Thursday or Sunday. If it occurs the day before, or the day after these days, it will be due to medicine, or some meddlesome interference. False pains one or two days before the time may be mistaken for the real pains, and the delivery be advanced or postponed. Many doctors have made inquiries, and investigated this, and found it to be true as a rule. Make your own inquiries about this, and you will conclude it is a law of Nature.

My next statement of a discovery will seem to be more surprising. It is to decide what the product will be, when the seed is planted. All science and knowledge does not come from, or originate in, Germany.

After a doctor has gotten to be old, he can learn from women what a young one could not, for they might misconstrue his motives. To save the reader anxiety I will say positively that the seed that is planted in the morning, will in eight cases out of ten cause the production of a male child. That which may be planted at night will in eight cases out of ten cause the production of a female. These will be the results if germination takes place.

There is a natural law that is productive of these results. Some logic must be used to elucidate the why and wherefore of it.

I have kept Jersey cows for years, and know that a heifer calf is worth five times as much as a male one is, so I get them. The cow, when she wants the male, if she gets him as soon as needed, will have a female calf, but if she must wait two or three days before her wants are supplied, then the male influence will preponderate, and the product will probably be a male.

But you will say what has this got to do with a woman. Please wait and see. Women are more amative and passionate at night, men more so in the morning, and this is natural. I got the idea from negroes in Virginia, for they told me that they did not need a clock to wake them up at four or five o'clock, for that middle man would do it. This is natural, generally, to white men. I would like to tell you what many women have told me, but cannot spare the time to write so much.

Many a woman has thanked me for telling her how she can have a share in the crop, and have what will please herself, and not all of one kind. Several have helped me by making inquiries from relatives or confidential friends, to find out at what time in the day they "get caught," as they call it. A two hundred pound blonde would be more apt to win in the morning, and a burly man might win at night. By this means many a fond parent will be able to secure the kind of a child they desire, and perhaps may have been led to pray for. Any physician can, in a few months' time, obtain proof that these are natural results, and depend on natural laws.

I have missed only one copy of the MEDICAL BRIEF, and this is one copy more than I wanted to miss. I can not practice medicine successfully without the good old BRIEF.—G. W. MARTIN, M. D., Charco, Texas.

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BATTLE & CO., Chemists, St. Louis:

Each and every one of your preparations are truly fine, even if that is not all you want to know. In one case, R. B., suffering from appendicitis (unmistakable), we saved with Papine. In another case, M. C., aged 10 years, suffering from rectal obstructions, and cystitis, we undoubtedly tided over and saved with the same preparation. It's fine. I would not and could not be without it. Our last case is still in bed, but improving daily, and says that pretty-colored-medicine doctor is a "daisy," and he knows.

E. R. LANG, M. D., Cove, Oregon.

BATTLE & CO., Chemists, St. Louis:

I have given the sample of Ecthol a thorough trial and am satisfied that it is all that you claim for it, particularly in septicæmia. A case—patient bitten on knee by black spider, whole limb swollen, highly inflamed lymphatics, bright red, glands in axilla enlarged and painful, fever high, pulse rapid, etc. All symptoms alarming. Applied Ecthol thoroughly to lesion and whole length of limb; gave internally as directed—this on Saturday evening. On Monday morning patient surprised me by walking into my office nearly well. That was all the treatment required. This was the only case in which I could give Ecthol a trial, as it about used up the sample; but nothing could have been more eminently satisfactory to both patient and physician. I shall not feel perfectly safe without a supply of Ecthol. J. E. STEPHENS, M. D., Joliet, Ill.

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Yours truly
E. J. Barrick

M. D., M. R. C. S., Eng., L. R. C. P., and S. Lon. and Edin. Toronto, Ont.

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Otho C. Ramsay, M.D.

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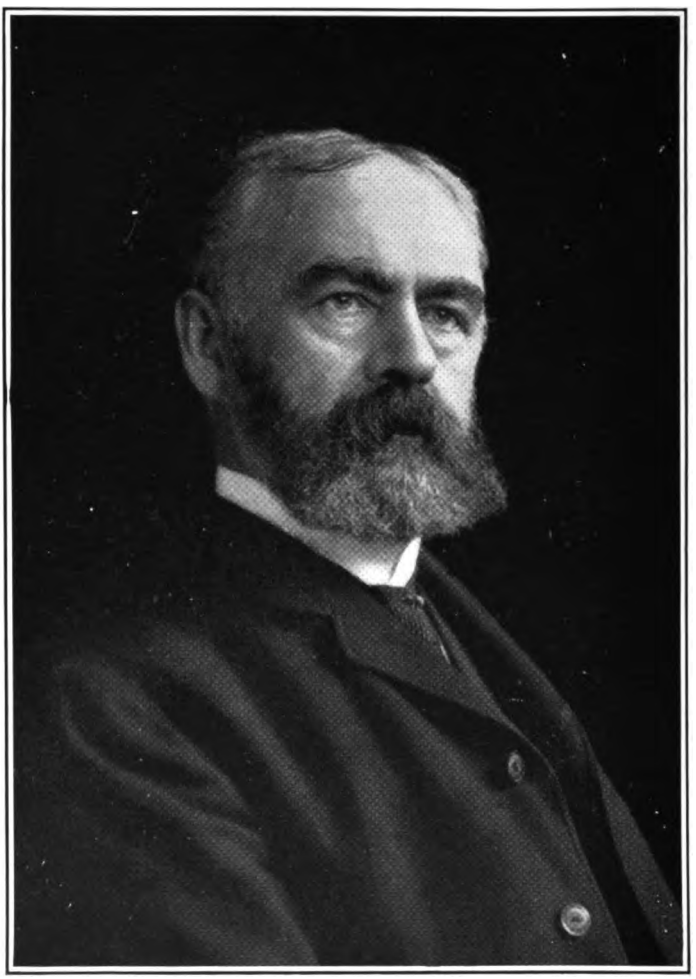

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THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

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Editorial.

1904.

This December issue of the MEDICAL BRIEF closes the thirty-second year of its existence. During all of that time the MEDICAL BRIEF has been uniformly prosperous, growing in size and popularity, adding new features, and making improvements, pursuing a straightforward, independent course. Nineteen hundred and four has been the most prosperous year we have ever had. We have received during the year many thousand new subscriptions, which is very gratifying to us, as it proves that the profession will support a journal if it is good, no matter what may be said about it.

Some of our readers are aware of the fact that the BRIEF has been abused, and its motives ingeniously misconstrued. We have paid little attention to this, knowing that the doctor will readily see the cause of the trouble. The BRIEF has committed the offense of being the most successful and widely circulated medical journal published anywhere, as proved by our post-office receipts. This constitutes a grievance to that class of men which considers it necessary to pull down others to give themselves a chance.

The doctor is the best judge of the merits of a medical journal. The doctor wants a journal which will be of practical assistance to him, one which will stimulate him to thought, inspire and broaden him. These are the things he is looking out for. He prefers that its policy shall be fair, straight business, and independent. This stand he relishes and sympathizes with—that is, if bushels of affirmative letters are any indication of his mental workings.

Lies, innuendoes and that sort of thing do not change the facts in a case; they only aim to distract your attention and create prejudice. Fortunately for the medical profession, doctors are not to be governed by calculating detraction.

We intend to make the BRIEF for next year better than ever. The time we might spend trying to straighten out false reports we shall concentrate in the endeavor to make the BRIEF of greater practical use-

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fulness. The man who attends to his own affairs, and lets those of other people alone is the only one who ever accomplishes much. There is no need to deny or affirm lies; people always discover the truth any way.

As is well known, the MEDICAL BRIEF is not the organ of anybody. It is absolutely independent, and intends to preserve that independence whatever may be said about it. The BRIEF has succeeded because it has studied how to deserve success. The abuse it has received has helped rather than hurt it, because it has advertised it. The BRIEF will continue in the future as in the past, to attend to its own business. The Editor has always recommended what he believed to be good, regardless of who made it, or whether advertised with us or not. The Editor considers himself free to say what he thinks. He prefers things, whether foods, medicines, articles of household use or what, made by a man who has a special knowledge of what he is doing, and having a name to designate and protect them. The BRIEF does not ask any man to advertise in or subscribe to it unless he wants to. We believe we can make it to his interest to do so, and are glad to have him with us, if he sees it that way. The Editor of the BRIEF can not be blackmailed or swerved from what he considers to be his duty to the profession.

He Listens to the Siren.

"As a rule, a man's a fool,
When it's hot he wants it cool,
When it's cool he wants it hot,
Always wants it what it's not.
Man's a fool."—SULLIVAN.

A man is in the habit of buying a particular brand of coffee which has a most delightful aroma. Some morning he sits down to breakfast, and the coffee is tasteless. Disgusted, he stops at the grocer's to make inquiries. The grocer informs him he has got another brand which is just as good, and cheaper. Result: The grocer loses a customer. "Man's a fool," etc.

You are fond of breakfast bacon, and you buy Armour's because it is crisp and deliciously flavored. Some morning your bacon is tough and strong. You can not eat it. You stop at the butcher's to find out why he sent you such stuff, and he blandly informs you he is handling a new brand which is just as good and cheaper. Result: You take your custom elsewhere. "Man's a fool," etc.

A manufacturing chemist studies a plant, the climate and soil in which it grows best, the proper time to gather it to have all the medical properties in their ripest perfection, and makes a special preparation, which gives the doctor every satisfaction. But some day he prescribes this remedy, and fails to get good results. He drops into the drug store to see what is wrong, and finds the druggist has used a commercial preparation which is just as good and cheaper. Result: The doctor hunts another druggist. "Man's a fool," etc.

A merchant has a clerk who is attentive to customers, and devoted to the interests of the business. Somebody comes along and says: "I know a man who is just as good and cheaper. Try him." The merchant employs the cheap man. Result: He loses a good part of his custom. "Man's a fool," etc.

A family has a fine doctor, who has attended them for years, knows all their peculiarities and idiosyncrasies, whose charges are uniform, neither too much nor too little for satisfactory services. Someone recommends another doctor who is just as good and cheaper. But one day when the bill comes in after a particularly trying and prolonged spell of sickness, the family finds it has been overcharged, and the services have not been so satisfactory. "Man's a fool," etc.

The doctor petitions for a law regulating the practice of medicine. Some morning he wakes up to find that the particular law which he helped to have passed puts him to an enormous amount of trouble, and hampers him in his profession. Result: He uses bad words. "Man's a fool," etc.

One morning a silk-hatted promoter calls on the doctor, and figures out on paper that by investing his hard-earned savings in a certain stock, he will make an enormous fortune. Some morning the doctor wakes up to find the stock has gone to nothing, and he has lost all. Result: He finds out that a man had better stick to his own business. "Man's a fool," etc.

Moral: Do not listen to the siren.

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A siren: One of the damsels said to dwell near the Island of Caprea in the Mediterranean, and to sing with such sweetness that they who sailed by forgot their country, and died in an ecstasy of delight.

A siren: Something which is insidious or deceptive.

Spasms of Virtue.

Newspapers, journals and magazines, politicians and preachers, have spasms of virtue from time to time, but not about themselves; oh no! it is always about the other fellow. The other man's iniquities cause them to roll up their eyes, groan, lie awake at night worrying over his terrible state, and audibly wondering that the very laws of Nature do not suspend their operations because of him.

Now, really, is there not something sublime in such egotism? Does it not tickle your funny bone? Is it possible that anybody can be fooled by such a transparent dodge? All this criticism and disparagement is simply intended to depreciate the other man's success in order to boom the critic's own stock.

Some people vainly imagine that they can not make any success for themselves except by injuring their rivals, and are not particular in the methods with which they go about it.

Even the preacher who denounces all other sects is animated by the desire to impress the public with the superiority of his own particular brand of religion. His is the only road to salvation.

As for the politician, anti-election speeches would lead anyone to suppose that the country must go to the dogs whatever the results at the polls.

The pickpocket joins the chase and cries, "Stop thief!" louder than anyone else.

When any man persistently runs down other things or people, the wise one knows that his motives are purely selfish, and refuses to see through his eyes. This is true in all cases, whether the excuse be ethics, patriotism, religion, or merely the cunning of the rogue. When a man fights fair and square, he depends upon the facts, upon merit. The man who criticizes and abuses another person, or thing, invariably has some axe to grind, some interest to serve.

Sometimes a man is carried away by his anxiety to hit somebody, like a certain journal not long ago, which, in its desire to please the Woman's Christian Temperance Union, struck at patent medicines, chose the wrong one, as an example, and had to take it back.

Beware of the man who is always trying to make somebody think as he does. He is the foe of liberty and progress. People who are always hitting somebody or something, and begging people to help them, lack merit. Successful people, useful people, do not need anybody to help them. They have something to sell that the public can not get along without. That is all there is to the problem of success.

Diagnosis.

The most important step towards a successful treatment is correct diagnosis. This does not mean simply to be satisfied with naming the disease, and then prescribing the conventional remedies for that disease. As often as not this merely obscures the case, makes the problem more complex. Scientific diagnosis means ascertaining the actual pathological conditions present, and tracing up their cause. What is the wrong, where is it, and how has it come about? When you have found all this out, if you know your *materia medica*, the indications will point pretty plainly to some particular remedy or remedies.

If you find the wrong, whatever it is, and prescribe the indicated remedy, no matter what the disease may be called, ten to one you will see it begin to break up. At the same time, attention must be given to any constitutional fault of the patient's. For instance, some form of malnutrition may complicate the disease, and require alterative treatment, his heart or liver or nerves may be congenitally weak. and require the use of various drugs as crutches to help him out of his present difficulty.

These are things which experience and observation alone can teach the physician, and he must try to keep his mind weeded of theories and fads as much as possible.

The doctor should guard himself against prejudice, and cultivate his common-

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sense, basing judgment on the facts and observations derived from his own experience and that of others, as to the remedies he shall use. The tests of a remedy for the doctor are not that it shall be regular, official, conventional, approved by a small coterie of the elect, belong to the *materia medica* of a certain school, etc., but that it shall be pure, of uniform strength, always reliable, and accomplish results. All the rest is immaterial.

There are always people who are trying to create prejudice that they may use it to govern the doctor, and make him do as they wish. The MEDICAL BRIEF says: Use what you find best for your patient, whether ethpharmal proprietary medicines, tinctures, fluid extracts, granules, or synthetic remedies, regardless of what anybody says. Merit should be and is the only test. When you are called to help a suffering man or woman, prescribe a remedy which you know positively is good in this condition.

Guard against prejudice, either for or against a remedy. A little thought will convince you it does not matter whether a preparation is a compound, an active principle, a synthetic remedy, or what, so that it does the work. That is the important thing.

Success.

Most of us ask ourselves at one time or another, why some people succeed and others do not.

The only way to get success is to deserve it; to work hard and persistently with the aim to produce something of value. If we do this, and set about it in the right way, we can hardly fail to secure that recognition and support that men call success.

This, at least, is the experience of the MEDICAL BRIEF.

For many years the BRIEF has gone along the even tenor of its way, paying strict attention to business, and letting severely alone all sensational methods of attracting attention. The MEDICAL BRIEF has never abused anyone, never posed as a benefactor of the profession, never tried to turn prejudice into ethics, never adopted any fads, or made any pretense whatever.

Our aim has been to make the BRIEF so good in a practical way that the doctor could not, and would not, do without it. To this end we publish none but original articles, written by the best and ablest men in the profession. All the articles are condensed, and of a practical nature, some of them bearing on specialties, others on issues which confront the general practitioner daily. A year's subscription to the MEDICAL BRIEF is equivalent to a post-graduate course.

All this costs money, yet the subscription price remains the same. We calculated, and correctly, that the increase in subscriptions would more than make up for the increased expense. We are gaining all the time. *This has been the banner year for the* BRIEF.

The financial success of the BRIEF has been very great, because it has always been run on strictly business lines.

We shall go on improving the BRIEF from time to time, making it more and more necessary to the doctor. The journal has been attacked a number of times by those who envy our success. So far from hurting the BRIEF, it has brought us many subscribers, through curiosity, perhaps, but we expect to bind them by a closer bond. It is a very rare thing for the BRIEF to lose a subscriber. We have a lengthy roll of honor, numbering those who began with the first number.

Do not worry about your success. Know what you want to do, look at it in a business light to get all the bearings, then keep pegging away. Do not let your business bore you, or degenerate into a perfunctory routine; love it, enthuse over it, plan and fight for it, deal fairly with your patrons and competitors, be abreast of the times, and looking forward always. Keep your hands, head and heart full with doing things, and your success will take care of itself.

Intestinal Catarrh.

There is a form of intestinal catarrh, neurotic in character, to which persons of nervous temperament are frequently subject. A very large amount of mucus is secreted, which often becomes mixed with the feces, and may be overlooked in consequence. When this form of catarrh is

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associated with pain, it is denominated colica mucosa by some authors.

This variety of intestinal catarrh is rarely followed by much relief under the ordinary treatment. It is preceded by long-continued digestive trouble of neurasthenic origin. It has been found that pure olive oil is almost a necessity in its treatment.

The treatment which we have found to be best is to direct a glass of water, hot as it can be borne, to be taken on waking in the morning, followed an hour or half hour before breakfast by a tablespoonful of California olive oil of Sylmar brand, that having been found to be pure. The ordinary oil of commerce is so adulterated no benefit is derived from it.

Immediately after each meal, which should consist of coarse food, such as graham bread, corn bread, peas, beans, cabbage, pork, and similar articles, a mixture of two ounces chionia and two ounces seng should be taken in teaspoonful doses. Before meals give a teaspoonful of neurilla to control the nervous element in the disease.

Daily exercise in the open air for a couple of hours is indispensable.

This treatment has proved itself very satisfactory in relieving a most intractable disease, and one whose correct diagnosis is often overlooked. Patients have been cured and fattened under this treatment after everything else tried had failed.

The treatment appears eminently appropriate and reasonable to those familiar with the properties of the remedies named.

The neurilla controls the neurotic susceptibility, which is the predisposing cause of the disease. Seng increases the normal gastric secretion, always deficient in these cases, and the chiona regulates the action of the liver. The olive oil aids in passing off the mucus as a mechanical lubricant, etc.

When purgatives have to be used, Husband's calcined magnesia, half to a teaspoonful on going to bed, followed by a glass of lemonade or an orange next morning, proves very satisfactory.

We hope our friends will try this treatment, and report results. The olive oil is a most important part of it.

Machinism.

Machinism does more harm in the world than almost anything else. Blindly following any particular set of men in either politics, religion or medicine does incalculable harm. If men were not blind followers the machine would never get the upper hand, for the majority of voters undoubtedly have honest intentions, and think they are right.

A man should never support a thing of which he does not approve. And how can he know whether he approves of it or not unless he studies the matter from an unprejudiced and independent standpoint, coming to his own conclusions? No man should place himself in a position where he may be compelled to advocate what is not right. This he does when he yields his right of private judgment.

Loyalty is a fine thing, abstractly considered. The ignorant loyalty which makes a man swallow any and everything for party reasons is a curse. Some men are like a dog, which, beat, starve, illuse it as you may, remains obstinately loyal. This is not the kind of virtue for human beings to emulate. All progress has always been made by the independent thinker, who had the courage to say and do what he thought right.

Any man who has any sense at all knows that good deeds and honesty of purpose constitutes the only real religion that there is. Of course, it is easier to accept dogmas and follow the beaten path than to think out the truth for ourselves. Knowledge is a costly fruit, but it is power and happiness, too, of a sort.

There are machines in medicine as well as politics—a few men want to regulate the great body of the profession; tie it up with legislative red tape, dominate it through its prejudices and fears. The result, if successful, would be to stifle individual thought and action, to obstruct progress. We want the friction of ideas, the contrast of methods, the various points of view, the stimulus of individual responsibility for results, all those elements of progress which liberty develops and which machinism antagonizes.

Shake off mental inertia. Do not follow anyone blindly. Cultivate your abil-

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ity to think and to see both sides of a question. In this way you will develop your powers of logic so that you can not be blindly influenced or led. Commonsense is the highest result of any mental operation. When a man has learned to separate that out he has about finished his course.

Whatever you believe about a thing it will do you good to study the other side. It will free you from bigotry and narrowness, will broaden your mind and enlarge your nature. Preserve your mental freedom at all costs, and make the most of the opportunities it gives you. Intellectual laziness means intellectual slavery. Be a man, not a machine.

Medical Literature.

There never was a time when there was so much first-class medical literature as to-day. The best money which a doctor can spend is that which he puts into good medical journals. It is not enough to take one, however good; every doctor should take several—the more the better. Medical journals are all different. No one can take the place of another. Each has its special excellences, and its own way of looking at things. All are good for the doctor.

The doctor will find it both helpful and instructive to take the journals of other pathies. He is sure to find something of value in all of them which will repay him many times the price of subscription. Read medical literature, all you can lay hands on.

All medical journals are cheap at the prices charged. Some are better than others, *but all clean medical journals which attend to their own business*, are worth more than they cost. One really wonders how they can be printed as cheap as they are. No money which the doctor can invest will pay him so well as to take a few more journals, no matter how many he may be taking. On glancing through them he may chance upon a paragraph which will be worth ten years' subscription to him.

The doctor, of all men, should keep posted. What is ten or twenty dollars a year for medical journals? It is a small matter when we consider the immense amount of good derived from the habitual reading of up-to-date literature. The presence of a variety of medical journals in your office makes a favorable impression upon your patrons. They can not but see that you are devoted to your profession rather than to sport or to pleasure. Patients naturally have more confidence in a man who is set upon improving himself, and who is, therefore, looking out for their interests.

Inconsistent.

Did you ever stop to think, when you eat a particularly crisp, toothsome variety of maccaroon, or drink a cup of coffee so delectable that you would walk a mile every morning to get some of it, how inconsistent you are if you say, or are willing to believe, that one pharmacist can turn out a product as good as another?

If one pharmacist takes the trouble to procure a fresh, green plant or plants, gathered at the most suitable time, and from this material makes a preparation of uniform strength, is not such a remedy bound to be more active and reliable than the ordinary commercial preparation made from warehouse drugs which have long since lost all their virtue?

When it comes to buying food and drink, wearing apparel and other articles of consumption, everybody realizes the advantages of buying a product which they know by experience is good. Then the self-same people often turn around and assent to the just-as-good man's lying declaration of equality in the pharmaceutical products of different manufacturers.

If it takes special skill to make a particularly delicious cake so that it becomes identified in your mind with a certain trade-marked name or a certain baker, an equal amount of individual skill and knowledge are required to produce a uniformly reliable and efficient remedy.

If you do not realize this, do a little experimenting. Try Norwood's tincture of veratrum viride, then try the commercial preparation. Use Squibb's digitalis and ergot once, and you will never go back to the ordinary preparations. Nobody can make bromidia but Battle, not even with the formula before them. Sanmetto

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is the only preparation of saw palmetto that has been able to hold the confidence of the profession in diseases of the bladder and prostate.

These manufacturers and others like them, who have put their individuality into the study and preparation of certain ethpharmal specialties, know their business thoroughly, and have evolved a degree of skill which can not be duplicated nor imitated.

And since the original, the genuine, can be had at a moderate price consistent with its superior character, and the doctor knows absolutely what he can do with it, what folly to let his patient take chances and hurt his own reputation by experimenting with an unknown and undoubtedly inferior medicine.

Fool Followers.

It is a strange characteristic of human nature that anything that is evil finds ready currency and belief. It is because so few people are accustomed to do their own thinking. Nobody but a fool follower would accept as true and pass along something which he knew nothing about. A sensible man invariably examines a statement before he gives it credit or countenance.

The fool follower was as prevalent in the days of Washington as now. No man was worse abused and misunderstood than the Father of his Country. Abraham Lincoln and Jefferson Davis also had their share of contumely at the hands, or rather mouths, of the fool followers of men who, for interested motives, set unfounded calumnies afloat.

Happily we find few fool followers in the medical profession.

No man fights in a cause which has neither meaning nor justice to sustain it. except the fool follower, who takes it for granted, if he hears somebody abused, that it must be true. There is always a class which appears to like abuse for its own sake, and are consequently always ready to join in and bark themselves hoarse when the boss opens the campaign.

Fool followers must always have a boss, and what he says is true because he says it. The fool follower has a small soul and a narrow mind. Circulating lies invented by the other fellow is the limit of his capacity.

If some wooden-headed boss should assert that a man noted for his learning, could neither read nor write, his statement would find ready credence among his fool followers.

A gentleman never repeats calumnies without investigation, and never then except in a case of necessity. A successful man is one who invariably pursues gentlemanly methods.

Some people argue that a man would deny a lie if it had no foundation. They forget that if a man started out to deny every false report he would have time for nothing else. Nothing has such powers of multiplication as calumny.

The way to find out the truth about a man is to ask his friends and neighbors, not his competitors in business. That is a poor way. No one asks a man's enemies and opponents for a just estimate unless he is a fool. It is a foregone conclusion that they will welcome the chance to do what harm they can with lie and innuendo.

Fortunately, the medical profession is not easily led astray. Doctors are accustomed to rely on their own judgment. The success of the MEDICAL BRIEF proves this. The BRIEF, like other successful enterprises, has had its share of abuse, and many lies have been circulated about it. Notwithstanding this, it has continued to grow and improve. Never before in our history have we received so many new subscriptions. That the BRIEF'S success is a meritorious one you can easily convince yourself by examining any copy.

The British Chemical Exhibits at the Fair.

The English Chemical and Pharmaceutical Exhibits at the World's Fair are far ahead of those of any other country, and show conclusively, in spite of some erroneous opinions to the contrary, that that country holds its own, in manufacturing chemistry and pharmacy, with any of the continental nations.

Where all are so excellent, it is not easy to single out particular exhibits for special mention, yet we think that the

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Wellcome Chemical and Physiological Research Laboratories, and that of Burroughs, Wellcome & Company, are worthy of this distinction. The Research Laboratories owe their origin and maintenance to Mr. Henry S. Wellcome, of the house of Burroughs, Wellcome & Company, of London, and one has but to look at them to see that our English brethren are in no sense inferior to the Germans in technical education, in training, in laboratory research and scientific investigation, even though the former work on their own initiative and at their own expense, while the latter are very largely aided by the Government and perform their labors under its supervision.

The Research Laboratory is under the care of Dr. Frederic B. Powers, who, like Mr. Wellcome, is an American. The Physiological Laboratory is in charge of Dr. Walter Dowson. Both of these gentlemen are well known in the chemical and pharmaceutical world. The two institutions work hand in hand, and do a large amount of reciprocal work, as would be expected, considering the intimate association between the two branches of science.

Short as has been the time since these laboratories were established, they have performed a great deal of very valuable work, as most of our readers are aware. They were founded by Mr. Wellcome in 1896, and he has provided for their future maintenance in the most liberal manner.

The exhibit of Burroughs, Wellcome & Company is to us quite as interesting as is either of the Research Laboratories. Here are shown their fine medicinal chemicals, their tabloid and soloid products, and their medicinal equipments. These latter have attracted a great deal of attention. Through their aid, the remedies of this house have been carried to tropic or frigid countries, without suffering alteration or deterioration. We notice here the chest of Sir Henry M. Stanley, which was carried by him through a long journey in "Darkest Africa." This chest was prepared by Burroughs, Wellcome & Company and filled with their tabloid medicaments. After several years, it was found that their medicinal virtues were unimpaired. Here are also similar chests of Emin Pasha, of surgeons in the recent Ashanti War, the Boer War, etc., and of Peary, the Arctic explorer, and others. Though the chests are battered and bruised, their contents are intact and their medicinal value is in no whit lessened. The exhibit, as a whole, is very interesting, and we regret that the Fair will close, and the exhibit will be removed within a few days after this issue of the BRIEF reaches its subscribers.

American in origin and British in location, it might have been expected that this house would not be bound down by tradition and that their work would not be fashioned after the "authorities," so-called.

They have blazed out a pathway for themselves, have been originators and explorers in the field of science, by which alone could such success have been attained.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, how do you find yourselves? Never saw such a year for coughs and colds. Wish we could teach folks to give the doctor a show as soon as they feel a cold coming, instead of trying to doctor themselves, and then finally sending for us when the cold has gotten a good hold on them.

Give me respiton and a little aconite for the feverish colds, and respiton and a little belladonna, or, perhaps, quinine, for the chilly, weak people, and I can wind up a cold in a few days, other things being equal.

When a cough is very irritating, a compressed tablet containing three grains of ammonium chloride, disguised by licorice, and eighty-five drops of Brown's mixture, every two or three hours, acts nice. Let the tablet dissolve slowly in the mouth. Keep up the respiton until every trace of the cold is gone, as otherwise a weakened state of the respiratory mucous membrane or the kidneys may result. You need not give it so often after acute symptoms subside.

If the patient loses flesh after a heavy cold, you'll find Hagee's cordial of cod-liver oil comp. a good preparation to

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help build them up. At the same time the digestive organs will probably need something to restore the tone of the secreting glands. A bad cold can do a sight of damage. They're so common we don't quite realize this, and take the precautions we should.

Spasmodic dysuria is a mighty unpleasant condition. You'll find it in nervous people when the urine and the bladder are normal in every way. There is constant desire to pass water, yet the sphincter is swollen and tense, so only a few drops can escape. Eryngium and equisetum are good remedies in this condition. Gelsemium is good, too, if the bright eyes and red cheeks, etc., are present. If there is any trouble with the bladder or prostate gland, sanmetto must be used. It is perfectly wonderful to see the good results which can be gotten from sanmetto when correctly prescribed.

Say, did you ever try yerba santa in asthma? It is of considerable benefit in helping to expel collections of mucus. It acts to still better effect if you combine a little lobelia with it. It's also good in combination with licorice, for tickling in the throat.

You'll find jambul, five to ten grains of the powdered seeds, or as many drops of the fluid extract, of considerable benefit in some cases of diabetes, especially those which seem to be of nervous origin. This disease is a hard one to tackle, and it's worth trying when you are up against it good and hard.

Say, boys, Tilden's hydrocyanate of iron tablets is a mighty nice preparation when you want a good iron tonic. I've used them quite a bit, and like them well.

Women who are subject to female trouble complain of weak and painful back a great deal. In all such cases you will find eupatorium purpureum of considerable help. Give in twenty, forty to sixty-drop doses every three hours in combination with such standard remedies as aletris cordial rio, viburnum, etc.

Say, try the virtues of fucus vesiculosis in the next case of obesity that comes to you for treatment. The dose of the fluid extract is thirty drops to two drachms three times daily, but the decoction may be taken freely. After a month's treatment digestion improves, the kidneys act more freely, and the fat begins disappearing. The general health is better in every way, and your patient thinks a sight of her doctor.

Say, boys, don't forget to add a little glycerine, in making a poultice, to keep it soft.

A fine application for old, chronic cases of herpes and eczema, with crusting, is made by adding one drachm of fluid extract hydrastis to two ounces each of glycerine and rosewater. The most stubborn cases will usually yield to this treatment.

Say, boys, there's nothing to beat witch hazel as an application in anal fissure and bleeding piles. It is very soothing, and stops the bleeding. Of course, everyone knows that Pond's extract is the best preparation of hamamelis.

Hydrastis is a mighty good remedy in that state of lowered vitality which leads to low-grade ulcers, fluxes from mucous membranes, causeless bruises and contusions, with various swellings and achings. The pulverized root in capsules, is a good preparation, and sometimes acts better than the fluid extract.

Rhus aromatica, in ten to thirty-drop doses, alone or in combination with other remedies, is first-class to check excessive urination in diabetes insipidus. It often acts well, also, in diarrheas with colicky pains.

Say, boys, don't forget that sulphur is a very useful ingredient of hair tonics, removing dandruff and restoring the natural color of the hair. Don't use much, if any, oil; a little glycerine and rosewater is a more satisfactory vehicle. Where sulphur is incorporated, the mixture must be well shaken when applied, and put on with an old tooth brush.

Collinsonia is your remedy for irritation in the larynx. When there is constant complaint of trouble in talking, twenty-drop doses of collinsonia canadensis three times daily will bring about improvement. It acts to still better advantage when combined with a diffusible stimulant.

Say, boys, think of nitric acid wherever you see a violet tinge to the tongue and mucous membranes.

Lastly but not leastly, don't forget the benefit to be gotten occasionally from a

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good, old-fashioned emetic. I've had this impressed on me a few times lately, and you can have the tip gratis.

I wish you one and all, Mr. Editor and brethren, a merry Xmas and a happy New Year. So long.

[Written for the MEDICAL BRIEF.]

Sexes, Relative Proportions of, in Man.

BY SILAS HUBBARD, M. D.,
East Aurora, N. Y.

Darwin, in his "Descent of Man," 1271, says: "It is a singular fact that with Jews the proportion of male births is decidedly larger than with Christians; thus in Prussia the proportion is as one hundred and thirteen, in Breslau as one hundred and fourteen, and in Livonia as one hundred and twenty to one hundred; the Christian births in these countries being the same as usual," *i. e.*, about one hundred and five males to one hundred females.

I have never known any one besides myself to account for this difference. I will repeat that the Jews have a scriptural law that no man shall touch a woman till eight days after her menstruation, and as I have already said boys are mainly conceived during the latter half of the intermenstrual period and girls during the first half; therefore, the Jews who kept their scriptural law would have many more male births than the Christians.

Rev. Wm. Barton, of Oak Park, Ill., in speaking of his travels through Samaria, says there is a sect there called Samaritans, who keep the laws of Moses, and they have many more males than females. I have no doubt the cause is the same as that furnished by the Jews of Europe.

Darwin, on page 288, in speaking of a hill tribe of India called Todas, who are polyandrous in their marriages, says: "Of the children born within late years the males are more numerous than the females in the proportion of one hundred and twenty-four to one hundred." I will account for this difference by saying that on account of their polyandra the chances for immature ova being impregnated are increased, consequently many more males are born among them. The Maoris of New Zealand are in the same predicament, consequently they have very many more males born among them than females, and both races are diminishing in population, which is the fate of all polyandrous tribes and nations; while polygamy has a tendency to cause the birth of more females than males by a larger number of mature ova being impregnated. The same laws hold good throughout the animal creation.

Darwin says: "In Russia the average proportion of males is as high as 108.7, and in Philadephia in the United States as 110.5 to 100."

I would here say that the Russians, numbering the Jews with the rest of their population, makes it appear that a large proposition of their births are males.

As regards Philadelphia, the city of love, they are so willing to have children that a superior number of immature ova are impregnated.

Darwin says: "On the other hand, with white children born at the Cape of Good Hope, the proportion of males is so low as to fluctuate during successive years between seventy and seventy-seven males for every one hundred females." I would say the white people of the Cape of Good Hope are mainly of Dutch descent and are so discontented with their government, that they are so depressed, that a much larger number of mature ova are impregnated, consequently a larger number of females are born.

In time of cholera and calamities many more girls are born than boys. Many more illegitimate children are girls than boys. The cities produce in general more girls than boys. The dwellers in the country in general produce more boys than girls.

Much could be said about the proportion of the sexes of the lower animals, but I will desist.

Herewith find draft for three dollars for three years. The BRIEF is to me the most satisfactory instrument, and I think the results justify me in so writing. I wish you the success that your efforts merit.—S. S. CONNER, M. D., Westfield, Mass.

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THE MEDICAL BRIEF

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[Written for the MEDICAL BRIEF.]

Disinfection and Disinfectants.

BY JOSEPH PRIESTLEY, B. A., M. D., D. P. H.,
Medical Officer of Health, Lambeth Borough, London, Eng.

INTRODUCTORY REMARKS.

Since bacteriology has become an exact science, our knowledge of disinfection has undergone a revolution, and the teachings of our youth have become the things to be forgotten in our middle age. Prior to the discovery of methods by which the life histories of bacteria are now daily being investigated, the knowledge of disinfection was purely empirical, and consequently, as has been found, open to error.

To give an example: A certain substance is found, by accident or after experimenting, to be inimical to the life of certain bacteria, and is brought forward as a disinfectant. Further experiments show that such a substance is not equally successful at all times—a phenomenon the true explanation of which has now been found. One stage in the life history of certain bacteria is the encysted, or sporulation, stage, during which great resistance is offered to all agents inimical to life. This is an important advance to have made, as it is clear that any substance (liquid or gaseous), to be entitled to the name of *true* disinfectant, must have the power to kill not only bacteria, but also their spores, and any deleterious products formed by them. All infectious diseases are due to the entrance into the body of germs, microbes, bacilli or bacteria (as they are variously called), and include all diseases which are communicable from one individual to another—be that individual, at times, man or animal:

(a) *Directly*, by actual contact.

(b) *Indirectly*, through certain media, *e. g.*, air, water, milk, etc.

The actual contagium, or germ, is a microscopic living particle, a bacterium, a bacillus, a micrococcus, a spirillum, or a vibrio, as they are at different times designated, according to their shapes and appearances. These germs, under certain conditions, multiply on gaining access to a suitable medium, giving rise to certain changes which may aptly be compared (as shown by M. Pasteur over twenty years ago) with those set up by yeast in the act of fermentation. The yeast plant, on gaining access to a suitable medium, grows by a multiplication of its cells, and certain chemical changes are set up with the formation of certain products, *e. g.*, CO_2, alcohol, etc., which, in their turn, stop all further action, and so the act of fermentation ceases. The same takes place in infectious diseases. The poison (a germ) enters the system of a susceptible subject—a suitable medium, grows or multiplies, forms certain products (deleterious and otherwise), and finally dies away.

The multiplication of the poison in the body is considerable, and readily gives

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an idea of how infectious diseases spread when left to themselves. In fact, each person infected becomes a manufactory of disease germs, which are given off from the skin, in the breath, through various excretions and discharges, etc. Following still further the analogy between fermentation and infectious diseases, their actions may be subdivided as follows:

Fermentation.		*Fever.*
(a) Yeast cells multiply	—(a)	incubation and invasion.
(b) CO_2, alcohol, etc., form	—(b)	formation of bacterial products.
(c) Stoppage of fermentation action	—(c)	defervesence.
(d) Changes in a fluid, which is thereby rendered incapable of being further acted upon by the yeast cells	—(d)	immunity, *i. e.*, suitable pabulum exhausted, or autopoisoning of the contagia by their own products.

A common characteristic of all infectious diseases is their tendency to spread by means of the specific germs (causing the diseases), or of their products. These germs have a definite life history of their own, growing under certain conditions, dying under others. Some have been already captured, and their histories studied. The others are for bacteriologists to capture in the future. The germs multiply, and are given off from the infected body through various channels, to be carried and transmitted by air, water, soil, food, lower animals, clothes, etc. Take, for instance, the scabs of small-pox, and it will readily be understood how this disease may be scattered broadcast, and may, consequently, infect (1) every nook and crevice of the rooms in which the patient has been treated; (2) all articles of clothing, more especially woolen or hairy goods, to which the germs readily adhere; (3) articles of food (milk, water, etc.) with which they may come into contact—and this, too, at great distances, for dried scabs may be carried, as dust, through the air by winds; (4) the soil which may harbor, and form a suitable medium for the multiplication of, germs, which may then be re-transferred to man or animals *directly* or *indirectly*.

DISINFECTION.

From the above remarks, it will be readily seen what it is that is to be battled against—the germ. The germs (and their products) must be destroyed, *i. e.*, killed, or rendered inert in some other equally efficacious manner. It can not be too much emphasized that not only must the germs themselves be destroyed, but also their products, the so-called poisonous ptomaines, animal alkaloids, or toxines, *e. g.*, scarlatine from scarlet fever, diphtherine from diphtheria, glycocyamidine from measles, erysipeline from erysipelas, etc., etc. It must not be supposed that the destruction of these germs is an easy matter. On the contrary, some of them are highly resistant—if not the germs themselves, at least their eggs, or spores as they are called. This power of sporulation of certain germs is most characteristic. The germs divide and subdivide into a number of highly resistant, carefully protected, eggs, or spores, and, accordingly, any measures which are adopted for the purposes of disinfection must be capable of killing not only the germs themselves, but also these resistant spores.

One cubic inch of space is capable of holding fifteen million cholera germs—a fact which gives some idea of the smallness and numbers of the deadly foes against which battle must be given, and explains the difficulty in finding an efficient disinfectant that will kill, *i. e.*, a *germicide*, in all cases.

Speaking broadly, it may be stated at once that the majority of so-called disinfectants belie their name. They are not disinfectants in the true and proper sense of the word, but simply what are known as *deodorants*, or *antiseptics*. What is the difference? *Deodorants* merely destroy, or render inert, offensive odors without killing the germs of disease which may be connected therewith. *Antiseptics* are substances which prevent, or retard, putrefaction, by arresting the growth and multiplication of germs. Thus, a *deodorant* is not, *per se*, a true disinfectant; nor a true antiseptic necessarily a true disinfectant. These distinctions and differences are important What is needed for efficient disinfection, therefore, is a prompt and true germicide—something that will kill (or destroy) not only germs, but also their spores and the deleterious products which those germs may form. Such a *true* dis-

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infectant must be tested rigorously, both bacteriologically and chemically—due regard being paid to *all* the conditions. The great majority of disinfectants advertised are valueless—often being merely deodorants, with a more or less agreeable smell, which is apt to disguise a real "stink," and so give rise to a feeling of false security. There are, on the other hand, *true* disinfectants, which are of great value in preventing the spread of infectious disease, but care in their use is needed, as it is clear that a *true* disinfectant can not be harmless to human life, at least in certain strengths, despite what advertisements say.

DISINFECTANTS.

The principles, upon which disinfectants depend for their efficient action, are definite and distinct, and will be best understood by considering them *seriatim* under the headings of some of the various disinfectants in common use. They may be grouped as follows:

(1) Fresh air and sunlight.

(2) Heat, dry and moist.

(3) Chemicals, gaseous, liquid or solid.

1. *Fresh Air and Sunlight.*—This is Nature's great disinfectant, which is apt, at times, to be forgotten, or at least, not credited with such power as it possesses. The *direct* action of sunlight is a true germicide, as shown by the interesting experiments of Herr Buchner and Professor Marshall Ward, who found that exposure of certain germs to the *direct* action of sunlight for an hour or two, caused complete arrest of their developments. The experiments can be repeated by anyone with, *e. g.*, cultures of typhoid bacillus or bacterium coli communes. Plate cultures are prepared and exposed to the direct rays of the sunlight, a portion of the plate being protected from its action by a small piece of black paper. The cultures are, afterwards, incubated, with the result that the colonies will be found to have developed at the protected portion only (*i. e.*, under the black paper), the rest remaining sterile. This action is due to the violet and ultra-violet rays, the red rays having little or no effect. It may be also, at times, due, in part, to chemical changes in the culture medium, by which ozone, or other chemical bodies, which act as germicides, are produced.

Diffused sunlight acts in the same way, but, naturally, takes a much longer time for the oxidizing (or other) processes to be effectual. The importance of thoroughly ventilating all infected rooms, and of exposing to the open air all infected clothes, needs simply mentioning to be admitted by all. How the fresh air acts (apart from dilution) is not so generally known. Other disinfecting methods must be used with sunlight.

2. *Heat, Dry and Moist.*—Heat is an important disinfectant, and may be applied:

(a) Dry, *e. g.*, in special hot-air chambers.

(b) Moist, *e. g.*, in the form of steam in chambers.

Destruction by fire, and disinfection of linen, clothing, etc., by boiling, are also forms of this disinfectant. The subject of the disinfection by heat, more especially in the various forms of steam, has been so carefully and scientifically worked out that it may, with profit, be considered somewhat in detail. The English local government board carried out a series of experiments on "heat disinfection," using the germs of anthrax (the bacilli anthracis) as being the most resistant to every form of heat, more especially in their sporular forms. Further, these anthrax germs, when injected into animals, cause a certain definite succession of symptoms, so that, experimentally, it could be shown whether the disinfection carried out had, or had not, been successfully done, according as the germs, after being subjected to various forms of disinfection by heat, did, or did not, continue to give rise to such symptoms, when again inoculated into animals.

The results arrived at by the English local government board were as follows:

1. Simple boiling for a few minutes was most efficacious, *i. e.*, in such infected articles as could be so treated that their substance was efficiently penetrated without injury.

2. When such infected articles could not be treated by boiling water, high pressure *superheated* steam was found satisfactory.

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3. Where such infected articles could not be treated by boiling water, nor by high pressure *superheated* steam, it was found that, for all practical purposes, a dry heat of 240° F. would, if sufficiently prolonged, act efficiently.

It is twenty years since the experiments were conducted by Drs. Parsons and Klein, and the results given above stand good to-day as then, excepting that the form in which the steam is to be applied (to obtain the maximum disinfecting, power) has undergone a change—it being now held by all sanitarians that the *saturated* steam is superior to the *superheated* steam. What is the difference in these two forms of steam? When may steam be described as *saturated*, and when as *superheated*?

Saturated v. Superheated Steam.—*Saturated* steam has its temperature the same as, or near to, that of the boiling point of the liquid from which the steam is derived, so that the steam condenses on very little cooling.

Superheated steam, on the other hand, is steam that has had its temperature raised above that of the boiling point of the liquid from which the steam is produced, so that it must be cooled down through several, or many, degrees of temperature before it condenses. It is *dried* steam. The experiments of Koch, Esmarch and others prove that *saturated* steam is a much more powerful disinfectant than *superheated* steam—this latter acting practically like hot air, and the heat passing by a process of conduction. The difference between these two forms of steam depends upon the quickness with which condensation takes place. The *saturated* steam condenses on very little cooling, and, therefore, rapidly penetrates into articles, whereas the *superheated* steam is not so penetrating because there is no immediate condensation.

The power of steam to penetrate into all articles, however bulky and badly conducting their materials may be, is well known experimentally, and may be explained as follows: When water boils, the temperature is 212° F., and to convert this boiling water into steam, a still greater heat is needed, although the temperature of steam itself is only 212° F. What has become of this extra heat? It has been absorbed, as it were, and stored away by the steam, and is in a condition known as "latent heat," with the result that, when steam is condensed back into water by contact with cold, the latent heat is given up again. Take, for instance, a blanket. The steam enters its interstices, and is there condensed, giving off, at the same time, its "latent heat," which assists in warming the blanket. Further, when steam condenses to water, it occupies a much smaller space—a space that is calculated, mathematically, to be 1/1300 of that previously occupied. The result is that a vacuum is formed, and more steam rushes in to fill it, to undergo in its turn condensation and contraction. In this way, every part of the blanket is attacked, from the center to the periphery. The same, of course, applies to mattresses, pillows, bales of rags, carpets, etc.; in fact, all bulky, badly conducting articles are, in this way, thoroughly penetrated by the steam, more especially if it be, from time to time, let off and reapplied, or used in the form of current, so as to displace the cold air remaining in the interstices of the article or articles experimented with. Steam (the temperature of which, under ordinary atmospheric pressure, is 212° F.) may be superheated to 230° F., so that it will not condense then until its temperature drops below 212° F. again. Hence it is that *superheated* steam is not so penetrating, there being practically no condensation. *Saturated* steam, on the other hand, is only, as already explained, a degree or two hotter than the boiling point of its liquid, and so condensation rapidly takes place, the vacuum forms, more steam rushes in, and so penetration of the articles is rapidly and efficiently effected. It may sound somewhat of a paradox, but *superheated* steam acts successfully as a disinfectant when it is *saturated*!

Disinfecting Machines.—The principle of all disinfecting machines is heat, at a sufficient temperature to destroy, or kill, germs. The form of the heat may be (a) dry, or (b) wet and moist; and wet or moist heat is, of course, steam, which may be *superheated* or *saturated*, or in the form of current, also superheated or saturated. Further, the steam may be

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under pressure (slight or great), or at the ordinary atmospheric pressure, though recent investigations go to prove that 212° F. is not sufficient, but that a higher temperature is needed. *e. g.*, 240° F., and that can best be produced by working with a pressure of about ten pounds to the square inch, over and above the ordinary atmospheric pressure. A *saturated* steam disinfecting machine (working at a pressure of ten pounds) is the best in practice, whether from the point of view of expense, danger, or efficiency. Such a machine is the so-called equifex machine, the Genesta-Herscher patents (Paris), easy to work by unskilled labor, and with the wear and tear from use reduced to a *minimum*. It consists of a strong, thin elliptical chamber (made of boiler plate), carefully lagged on the outside to prevent loss of heat by radiation, and fitted at each end with a tight-fitting door. Steam, generated from an outside boiler, is conducted into the interior of the chamber, and all the air therein first carefully expelled. Indeed, this preliminary expulsion of air from the interior of the chamber is a most important point, if efficient disinfection is wanted—the presence of air in the chamber, during disinfection, often preventing satisfactory results. Only last year M. Wolf Defries (of London) patented a simple appliance for fixing to any disinfecting (steam) machine, by which it can be readily known when *all* air has been completely expelled from the interior of the chamber, and when, consequently, the steam has been properly admitted, and the disinfecting process can be commenced. The principle upon which this simple appliance depends is the contraction (condensation) of steam by cold and the non-contraction (practically) of air.

The disinfecting machine is also fitted with thermometers and gauges (automatic and otherwise), by which the temperature and pressure inside such machine may be definitely and exactly told. No jacketing of the machine is necessary, as is in the case of machines depending for their disinfecting power upon *superheated* steam; and a uniform temperature can be obtained in all parts of the interior of the chamber, together with a rapid and complete penetration of all bedding (even to the largest mattresses, blankets, etc.), curtains and other articles. This rapid and complete penetration by steam (in a *saturated* state) of all articles, however bulky and badly conducting their materials may be, has already been explained by natural laws. Experiments conducted by the writer have shown that a temperature of 240° F. can be readily obtained in seven to ten minutes in the center of a bundle of blankets (sixteen-ply), or of a large, full-sized mattress surrounded with eight folds of blankets, by means of *saturated* steam in an equifex machine, working at a pressure of fifteen pounds to the square inch (over and above that of the atmosphere). Experiments (also made by the writer) with a hot-air machine failed to obtain, under similar conditions, a temperature higher than 190° F., and that only after eight to ten hours' exposure. Indeed, hot air penetrates very slowly, passing by conduction, and the same applies to a lesser degree to *superheated* (or dried) steam.

The *saturated* steam may be used in the form of current steam, *i. e.*, steam in motion, and this current steam (saturated) gives best results when under slight pressure. A great advantage of the current is that it drives the air out of the machine, and of the articles therein.

Saturated steam, then, is the ideal disinfectant, giving (under a pressure of ten to fifteen pounds to the square inch) a temperature of 240° F. (120° C.), which is sufficient to kill all known germs (and their spores). Steam, however, is, unfortunately, unsuitable for:

(a) Leather, which is shriveled up and converted into a gelatinous texture, which becomes very hard when dry.

(b) Stained linen and many organic coloring matters in animal and vegetable fibers, which become fixed.

(c) All articles, which will not bear wetting.

(d) Textile materials, which may shrink with ordinary washing.

A blast of hot air is drawn through the chamber at the last, so as to insure the thorough drying of the articles which

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have been previously disinfected with steam.

When the steam is *superheated* (*i. e.*, dried), a condition of things brought about by jacketing the machine, and keeping, in the jacket, steam at a higher pressure (and, consequently, at a higher temperature) than the steam inside the chamber, the penetration is, as already stated, very slow, almost as slow as in the case of hot air, which used to be exceedingly common in the earlier-made machines, but which is now practically discarded by everybody, at least as an efficient disinfecting method.

3. *Chemicals, Gaseous, Liquid or Solid.*—Chemical disinfectants act in a variety of ways, *e. g.*, by

(a) Oxidation, *e. g.*, oxygen (ozone), permanganate of potash or soda, sunlight (in part) and fresh air, etc.

(b) Reduction, *e. g.*, SO_2 (takes away O), Cl (takes away H), etc., thereby changing the molecular composition of substances.

(c) Coagulating, or combining with albumin, *e. g.*, heat, nitric acid, metallic salt solutions, etc.

(d) Altering reactions of media, *e. g.*, mineral acids, etc.

These chemical disinfectants are used as (a) gas, or (b) liquid, or (c) solid—the last named (solid) acting as a liquid, by becoming dissolved in water and other media.

(a) *Gaseous Disinfectants.*—SO_2 (sulphurous acid), formalin, Cl (chlorine), HNO_2 (nitrous acid), br. (bromine) and i. (iodine) may be mentioned as examples of this class, though the first two (sulphurous acid and formalin) are the commonest in practical use, and will be dealt with shortly.

Judged bacteriologically, sulphurous acid gas (as a *true* disinfectant, or germicide) is a farce; it is simply a good deodorant, *e. g.*, combining with (and destroying the smell of) H_2S (sulphureted hydrogen) and NH_3 (ammonia). Its indirect use, however, must be remembered, for practical experience shows that, after the use of sulphurous acid gas in a room, the irritating fumes linger for a long time, necessitating a thorough cleansing and ventilating afterwards. Again, the confidence that is thereby restored to the unfortunate inmates must not be underrated.

Formalin (formaldehyde gas) is different, though in this case, also, success has not been unqualified in practice. It is generated from its aqueous solution, or from its solid, polymer, trioxymethylene, but the gas is unreliable, being imperfectly diffused, or reconverted into *inert* trioxymethylene, or for other causes. For this reason, it is now customary to use a solution of formalin in the form of spray, very finely subdivided, but, as this is in liquid form, it will be further discussed under the heading of "liquid disinfectants" (*vide postea*).

There are several, more or less complicated, machines on the market for the diffusion of formaldehyde gas into rooms, but the results obtained therefrom in practice vary, and are, consequently, unsatisfactory. For gaseous, or aerial, disinfection, formaldehyde gas may be, therefore, practically disregarded, at least as a true disinfectant, or germicide.

Indeed, it is doubtful if aerial disinfection is necessary at all. The air itself in a room is not infected, but simply the articles contained in such room, *e. g.*, articles of bedding, wall papers, furniture, etc., upon which germs may lodge. It is these infected articles that need to be attacked.

(b) *Liquid Disinfectants.*—As examples of this class may be mentioned $HgCl_2$ (perchloride of mercury) solution, carbolic acid preparations, coal tar preparations, mineral acids and metallic salts solutions, Condy's fluid (permanganate of potash or soda solutions), izal, sanitas, eucalyptus oil, etc. Indeed, their name is legion, but very few are of any practical use. Some of those that are deserve mention. The best is, undoubtedly, perchloride of mercury solution (one in one thousand), a true disinfectant or germicide, but one requiring care in handling, owing to it being a deadly poison. Its most convenient formula is as follows:

$HgCl_2$	1 ounce.
Common Salt	5 ounces.
Commercial Hydrochloric Acid	1 ounce.
Commercial Opal or Cotton Blue	1 grain.
Water, up to	3 gallons (1 bucketful).

Strength = 1 in 500 : cost = 6d (about).

The hydrochloric acid is the dissolvent, and the common salt prevents the

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precipitation of monochloride of mercury (Hg Cl), and the coagulation of albuminous matters by the formation of albuminate of mercury when the fluid comes into contact with living tissues. The opal or cotton blue is used for coloring purposes, and, in addition, thymol, or some other odorant, is added. In this way (color and smell), there is little danger from this disinfectant being mistaken for a harmless solution.

Bacteriologically and chemically, $HgCl_2$ solution has proved, at all times, satisfactory.

Next in value come the carbolic acid preparations (minimum strength of five per cent carbolic acid, and formalin solution (forty per cent by volume of formaldehyde gas), together with izal, a powerful disinfectant, insoluble in water, but which can be emulsified, and is then perfectly miscible with water, and which has been reported upon favorably, specially by Dr. Klein (local government board of England), after careful bacteriological tests.

Formalin solution (forty per cent by volume of formaldehyde) is highly spoken of by many bacteriologists, and has given good results in the hands of the writer of this paper. It is a powerful deodorant, as well as a *true* disinfectant when properly used. The other liquid disinfectants mentioned above have not given the writer of this article satisfactory results from the point of view of *true* disinfection, but as deodorants and antiseptics have proved useful. All liquid disinfectants are best supplied in the form of spray, a very finely divided spray—the solution (in proper strength) being thereby brought into contact with every inch of the room (walls, ceilings, etc.), together with all the nooks and crevices wherein dust (and germs) are apt to lodge. This method of spraying is rapid, cheap and effective (when properly done). Where spraying is resorted to in a room, the bedding and clothes (curtains, etc.) should be taken away, and disinfected with *saturated* steam in a suitable machine.

Spraying, as opposed to fumigation, has the advantage that inmates of houses do not require to be removed, and wall papers are not necessarily damaged. In all forms of aerial disinfection, inmates must be evicted during the period necessary for allowing the gases to diffuse, whilst the rooms must also be, more or less, hermetically sealed.

(c) *Solid Disinfectants.*—As examples of these, the following may be cited: MacDougal's powder, chloride of lime, carbolic powder, powders of well-known firms (such as sanitas, jeyes, izal, etc.), etc. All these powders act by dissolving in various fluids, and so becoming solutions, so that they may, for all practical purposes, be classed with "liquid disinfectants." They are, without exception, simply deodorants and antiseptics, and can in no sense of the word be called *true* disinfectants, at least in the strengths generally used. Such is the experience of the writer.

Disinfecting soaps would appear to belie their name from the point of view of efficient (or true) disinfection, at least having regard to the small amount of disinfectant contained in an ordinary piece of disinfecting soap.

CONCLUDING REMARKS.

It may be stated, speaking broadly, that nine out of every ten of the advertised disinfectants are not *true* germicides, but simply deodorants or antiseptics (to a lesser or greater degree). Bearing in mind the very large number of disinfectants on the market, the officials of sanitary authorities, dealing with disinfection, are in a most difficult position, not knowing which disinfectant to choose. Indeed, so great has this difficulty become, that it is felt that what is wanted is a standardization of disinfectants.

Standardization of Disinfectants.—*True* disinfection is, by no means, a simple operation, and any help that can be given in the way of governmental guarantee or a manufacturer's warranty as to strength of particular disinfectants in common use would be more than welcome, not only to medical officers of health and other advisers of sanitary authorities, but also to the general public. At present, there is no official control over the sale of disinfectants—or practically no control, nor will there be such until there is a thoroughly reliable test, which must be principally bacterial to be of any permanent use. Given a reliable test, uniformity of

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procedure in the carrying out of the same is indispensable, if results are to be comparable. At the same time it can not be too much emphasized that, however desirable in theory it may be to have a standardization of disinfectants, in practice the difficulties in deciding the nature of such a standard are enormous, having regard to the comparative smallness of our knowledge of bacteria, and to the fact that other factors than those of bacteriology must, necessarily, play a part, *e. g.*, the chemical and chemico-physiological nature of the toxins, or poisons, which are given off, or produced, in some way or other, by the bacteria themselves. All conditions must be considered, both of the disinfectant and of the thing to be disinfected.

The views of experts in regard to true disinfection and disinfectants have changed wonderfully in the last few years. What satisfied our grandfathers is laughed at by the present generation. And so the world wags!

True disinfection is the complete destruction of the most stable known infected matter.

[Written for the MEDICAL BRIEF.]

The Treatment of Constipation

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Constipation is one of the most common diseases of the intestines, and may be a primary or secondary affection. It should always be regarded as a *symptom*, otherwise we are not likely to effect a permanent cure, for the cause will probably continue to exist. Suffering from constipation is a relative term; although one daily evacuation of the bowels may be considered as normal, some persons only feel well when they have two or three movements a day; others feel well who are only moved every second or third day, and do not feel so well if they have more frequent movements. The latter person probably eats but little food, and that of a character which leaves only a small amount of residue when well digested; while the former eats more food of a character which is not so easily digested, or leaves a larger residue. But persons eating of the same food, and in similar proportion likewise show a difference in the frequency or number of evacuations; which is due to the fact that in one individual the mucous membrane is not irritated by the presence of feces, there is a sluggishness of movement, probably very little fermentation or generation of gas takes place, and no feeling of discomfort; in the other individual, the intestine is more sensitive to the presence of ingesta, peristaltic action is more easily provoked and more vigorous, at the same time decomposition is rapid and quantities of gas are generated which cause discomfort, and readily provoke an evacuation of the bowels.

The retention of feces in the lower part of the intestine, such as the flexures of the colon or rectum, produces great discomfort or actual pain in the abdomen, and puts the patient in a disagreeable frame of mind, or produces general *malaise*, headache, languor, and unfitness for the duties and pleasures of life; the tongue becomes coated, there is a bad taste, sometimes offensive breath, and other unpleasant symptoms which are more or less due to auto-intoxication, by absorption from the lower intestinal tract, and deleterious effects upon the nervous system. The results of chronic constipation are very numerous, and whether the trouble is of primary or secondary origin they are sometimes serious. Chronic intestinal catarrh, gastro-enteric catarrh, mucous or membranous colitis, and other diseases of the intestinal tract follows the neglect to cure constipation. The pressure of the full intestine upon neighboring organs, blood vessels or nerves is very injurious. Uterine displacements are caused or aggravated by constipation; fissures of the anus are caused by over-distension during defecation, and often result in prolonged ill-health. Pressure of the distended bowel upon the iliac veins causes cold feet, owing to obstructed return of blood from the extremities, and is an exceedingly common complaint; pressure upon the hypogastric veins causes a varicose condition of the hemorrhoidal veins and hemorrhoids result, and obstructs the es-

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cape of blood from the pudic veins, with the result that many women have uterine catarrh and menorrhagia, and men have seminal emissions; pressure upon the branches of the sacral plexus of nerves causes discomfort about the pelvic organs, as well as neuralgic pains or numbness about the buttocks and thighs, or even sciatica.

Constipation is more frequent in women than men, and often develops in childhood or puberty from atony of the intestine, but more frequently from the bad habit of neglecting "the call of Nature," of restraining the feces through false modesty. People who lead a luxurious life are often the victims of constipation. Want of exercise, sedentary habits, frequent pregnancies, and inactivity of the abdominal muscles must be enumerated among its causes. It occurs in diseases such as anemia and chlorosis; in sluggishness of the liver and deficiency of secretion from the intestinal glands; from the abuse of aperients and drug-taking generally. Organic diseases of the bowels, like stricture, bands, adhesions and cancer are notable causes in certain cases. Chronic intestinal catarrh induces a subparalytic state of the bowels, and consequently constipation. Pregnancy causes dilatation of the abdominal veins, and the subsequent flabbiness of the abdomen allows the dilated veins to remain full, and this may result in abdominal plethora, or intestinal catarrh attended by constipation or diarrhea.

Nothnagel divides constipation into three groups of cases:

1. Those dependent upon some physiological factor, as deficiency of fluid food, improper food, irregular habits, errors in dress; or

2. Organic disease, such as catarrhal enteritis, stricture, cancer; or

3. Those in which it is the chief symptom, and is dependent upon atony of the intestinal muscles; lack of secretion by the intestinal glands or liver; insufficiency of the ileo-cecal valve so that intestinal gases, which, according to this theory, are supposed to act as a stimulant to defecation, are allowed to flow backward into the ileum. Nothnagel says nervous influence is a prominent factor in causing peristalsis. The plexuses of Auerbach and Meissner are the starting point of nervous stimuli, but the cerebro-spinal nerves contribute to the proper action of the system. The innervation of the alimentary canal is very complex, and its influence upon the production of symptoms like diarrhea and constipation may not be clearly understood, but enough is known to assure us that the functional integrity of the nervous system is essential if we are to cure either diarrhea or constipation when they are of long duration.

The importance of diagnosing the cause of constipation is evident when we consider the wide range of diseases in which it is a symptom, and the alleviation of which is absolutely necessary in order to cure the constipation. We must avail ourselves of a physical examination for hemorrhoids, fissure or ulcer of the anus. A retroverted uterus may be the cause of obstruction; prominence of the abdomen at one part or a clear percussion note over that point may indicate a dilatation of the gut above a stricture; the observation of vermicular movements in the colon is an indication of hypertrophy of the muscular bands of the latter in cases of stricture, the discovery of enlarged glands with other signs of cachexia are indicative of malignant stricture or tumors causing obstructions. The observation of the feces may assist us in discovering the cause, thus: In ordinary constipation the feces are usually sausage-shaped, and of ordinary size; thin pencil-shaped feces indicates contraction of a length of gut; small, round masses like sheep's dung, an annular contraction or stricture, and riband-like masses are due to pressure or narrowing of the lumen by a growth implicating or pressing upon one side of the gut. Gastro-intestinal catarrh, colitis, ulcer of the stomach, anemia, chlorosis and other diseases in which constipation occurs should be looked for and treated.

During the treatment of constipation from all causes, improper food, insufficient liquids, irregular habits, bad dressing on the part of women, must be corrected. Drastic purgatives are worse than useless in many cases. Enemata, especially of oil, are better, and they

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should only be used as adjuvants to other treatment.

It is important that the patient should be dieted. In choosing the diet the idiosyncrasies of the patient must be considered. In every case the food must be of a mixed character; sometimes a change from one kind of food to another will effect a cure of ordinary constipation. The principle of treating ordinary cases is to give a large amount of vegetable food which is coarser than animal, and has a large residue, which stimulates secretion and peristalsis of the intestinal canal.

Forbid milk, arrow root, corn flour, sago, rice, tapioca, except as a small quantity of milk pudding *occasionally*. Eggs are constipating, and should be allowed only occasionally, as scrambled eggs. Nuts, peas, broad beans, new potatoes, pineapple, cheese; salted, smoked or potted meat or fish; pork, veal, liver, all highly spiced foods; spirits.

Allow, in all ordinary cases, clear soup, fish, poultry, game, fat ham or bacon, and all kinds of meat and its preparations except those forbidden above. Rye bread; white, brown and whole meal bread, but *never new;* currant cakes, parkin, gingerbread, ginger-nuts, oatmeal, oat cake, hominy. Cooked vegetables, as cabbage, savory, brocoli, sea kale, brussels sprouts, cauliflower, spinach, asparagus, green peas, French beans, boiled onions, boiled celery. Salads with oil, composed of lettuce, endive, water cress, onions, celery, tomato, cucumber, beet root, sorrel, dandelion, and almost any edible vegetable which leaves a large residue. Puddings, as Yorkshire pudding, plain pudding, boiled suet pudding containing currants, jam or fresh fruit; also apple charlotte, baked apples and cream, Normandy pippins, stewed prunes, figs, apricots, or pears. Raw fruit should be taken abundantly, as figs, prunes, dates, grapes, raisins, currants, oranges, bananas, melons, apples, pears, plums, damsons, peaches, strawberries, gooseberries, currants, raspberries, likewise preserved fruit, marmalade, jam, honey, treacle.

Drink may consist of pure cold or hot water, taken at bedtime or before breakfast, and with other meals. We may also allow café au lait, thin cocoa, tea (but never with meal), buttermilk, whey, new cider, new beer, bitter beer, porter, orange juice, grape juice, other fruit juices, lemonade, barley water, linseed tea or other demulcent or mucilaginous drinks; and alkaline waters such as vale, vichy, Carlsbad, Kissingen, Kronenquelle and St. Calmier in Europe; or the Saratoga vichy, Bethesda, Sweet Springs, Blue Lick, Soda Springs, Alpine County, in the United States. As a general rule, constipated persons do not take enough liquids to drink, nor eat enough coarse and bulky vegetable food. An adult requires four pints of water a day to supply the needs of the animal economy. A pint, or a pint and a half, may be allowed for as being taken in the food, leaving two and one-half pints of liquid which ought to be drunk. A close inquiry frequently reveals the fact that a constipated person drinks practically nothing—perhaps, half a cup of tea morning and afternoon and a glass of wine at dinner being all that is taken. This is a sufficient cause for many cases of constipation, which naturally gives way when a proper quantity is imbibed. Let the patient drink a tumblerful of hot water while dressing in the morning, a large cupful of coffee for breakfast, a tumblerful of water or other suitable drink before or with the midday meal, two or three cupfuls of tea at teatime, and another tumblerful of suitable drink with the supper or at bedtime, and the proper quantity may be considered taken. Hot water, cider, stout or new beer is a sufficient aperient with many people.

When carbohydrate food, such as bread and butter, oatmeal, hominy, blanc mange, is being eaten, the patient should always have with it some stewed fruit, jam, marmalade, honey, treacle, or condensed cream. The breakfast may consist of a plateful of cooked oatmeal or hominy, followed by a little ham, bacon or fish. At the midday meal eat fish, game, poultry or meat, about four or six ounces, with a due proportion of fat meat or butter; vegetable salad or fruit must accompany and preponderate at this meal. The evening meal may consist of a small amount of fish, game or meat, with brown bread, oatmeal, or vegetables and fruit, the coarser remnants of which would carry off the finer residue of animal food. The grape cure consists in eating from two to three

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pounds of black grapes per day, which forms the principal food of the patient undergoing "the grape cure;" the glucose is nutritive and aperient, and grapes are very suitable for constipated persons, but being deficient in proteid must not be relied upon for bodily support.

Nothing renders constipation more obstinate than the repeated use of cathartics. Indeed, such drugs must of necessity cause catarrh of the bowels, when their use is long persisted in. Enemata of plain water, soap and water, or demulcent liquids like linseed tea, tragacanth water, decoction of marshmallow root or slippery elm bark, are proper to use. Olive oil injected at night and allowed to remain will soften hard or scybalous masses. Glycerine suppositories or injections may be a sufficient stimulus to the rectal mucous membrane, and a suppository of common soap acts very well in children. If aperients must be used, the best are sulphur, senna and castor oil, and saline aperient waters like Carlsbad, Fredericks-hall, Hunyadi Janos, and Pülbra, in Europe; of Dupont's artesian well, Kentucky; Pogassa Spring, Colorado, and Glen Spring, South Carolina, in America. These contain sulphates and chlorides of sodium and magnesium, with an alkali. They can be imitated: thus Carlsbad salts contain sodium sulphate, fifty and five-tenths; sodium carbonate, thirty-six and four-tenths; sodium chloride, thirteen per cent, and a teaspoonful or more is given in warm or cold water. But the imitations are not so good as the natural aperient waters. When atony of the bowels is the cause, a course of massage, exercises and tonics are proper. Every morning the abdomen should be manipulated for ten minutes after emptying the bladder. It should consist of deep, firm pressure or kneading, and can usually be done by the patient. This should be followed by drinking a tumbler of plain or aperient water. The patient should have a cold or tepid sponge or full bath, and followed by brisk friction of the skin, but particularly of the abdomen, by a flesh glove or rough towel. During the day and at bedtime various gymnastic exercises of a character designed to strengthen the muscles of the abdomen should be performed for about ten minutes. Brisk walking or horseback riding is proper for those who have a sedentary occupation. But above all things, the patient must give prompt and regular attention to "the call of Nature;" even going to stool at a regular fixed time, after a meal, to solicit Nature, may end in bringing about the desired evacuation.

Electricity is useful in constipation of an atonic character, or due to catarrhal enteritis. The induced current will stimulate the abdominal muscles, but is insufficient to put in action the unstriped involuntary muscles of the intestine, especially when distended by feces or gas. The continuous current, however, will rouse intestinal contraction even when disease has weakened the fibers and diminished their excitability. The poles should be applied along the course of the colon, the hepaticaria, and along the lumbar and sacral nerves. Some practitioners fill the rectum with saline solution, and then insert a rectal sound, which is connected with the positive pole of the battery, while the negative is placed upon the abdomen. Each electrical seance should last twenty minutes, and be repeated every other day for two or three weeks. Electricity shortens the treatment of constipation; it improves nutrition of the mucous membrane, relieves blood pressure, promotes metabolism, and gives tone to the muscular fibers.

Hydropathic treatment is useful. A wet compress may be applied to the abdomen every night, and bound on by a flannel bandage. Once a day a douche of cold water may be administered to the loins and abdomen by means of a water pipe attached to a tap. The stream should be allowed to play with considerable force for ten or fifteen minutes, and should be followed by brisk friction with a rough towel or massage.

The clothing must be warm but light. Flannel of thickness, suited to the season, is the best material for underwear. The undergarments should be hung from the shoulders instead of the hips, and tight corsets and belts must be abandoned. The feet must be kept warm by good boots of moderate thickness, with an asbestos or cork sock.

When constipation is the result of chronic intestinal catarrh the food

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adapted for ordinary constipation is not suitable, as a rule, and so when the constipation is the result of obstruction such as stricture or cancer, the food should be more concentrated, coarse, bulky vegetables should be entirely avoided, and those which leave little residue are to be preferred. Soups, meat, game, fish, poultry, fat bacon, ham, butter, cream, a little bread or potatoes, or potato purèe, peas, kidney beans, cauliflower without stalk, spinach, and generally any food which has been passed through a sieve; milk, milk puddings, custard, jellies, a little farinaceous food as fine oatmeal, biscuit powder or hominy, sweetened with honey or treacle; such fruit as grapes, strawberries, bananas, baked apples, stewed pears, tomato. The more threatening the obstruction becomes, the more necessary it will be to remove every particle of skin or fiber, of seeds and cellulose from every kind of food by passing it through a sieve to secure nourishment without residue, so that ultimately it becomes reduced to milk, jelly, clear soup, lean and tender meat or chicken, and marrow or such vegetable as has been passed through a sieve after cooking.

[Written for the MEDICAL BRIEF.]

The Treatment of Atrophic Rhinitis.

BY ALFRED W. HERZOG, PH. B., A. M., M. D.,

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Atrophic rhinitis is a disease which causes a great deal of suffering, not to the patient only, but very often to the members of his family, and to all others who are brought in contact with him.

This is due to the hawking and spitting which very often accompanies the disease, and especially so to the fetid and very offensive odor, which is very often present, and to which the name of ozæna is given.

On account of this terrible odor the disease has been called "stinking or fetid nasal catarrh."

In treating atrophic rhinitis we must also include the treatment for atrophic naso-pharyngitis, as these two diseases generally go hand in hand, and can be cured by the same remedies and the same applications.

The symptoms are well known. A dryness of the nose and throat, the feeling as if there were a foreign body in the naso-pharynx, which foreign body ought to be dislodged by hawking or spitting, or blowing the nose—the frequent blowing of the nose for the purpose of dislodging crusts, very often the before mentioned terrible smell—these are symptoms not easily forgotten.

As to the appearance of the parts under inspection, an unusual roominess of the nose, crusts filling up the same, and also visible in the naso-pharynx, or a dryness and glistoning of the mucous membrane, will be sufficient to make a diagnosis.

The indications for the treatment are as follows:

Firstly, to remove the crusts, clean the nose and naso-pharynx, and thus remove the smell for the time being.

Secondly, by very frequent cleansing to remove fresh formations of fetid discharge as soon as possible.

Thirdly, to prevent the formation of new crusts.

Then when this is accomplished, to use stimulating applications which will create a natural secretion in the atrophic parts, and thus relieve the patient from the feeling of dryness in the nose and naso-pharynx, and lastly, to try and stimulate the parts to such a degree that normal secretion will again take place, and that the parts lose their appearance of atrophy, and return to the normal.

As to the removal of the crusts, the very best method for the physician to follow is to remove them by means of the forceps.

Another very good way, and one that can be used nicely in connection with the forceps, is to fill an ear syringe of large size, holding about four ounces, with some warm solution, as for example saline solution, and directing the

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stream with force against the crusts, thus loosening them and washing them out.

Nasal douches and spraying can also be used to advantage, although there is always the danger of some of the fluid entering the eustachian tube, and thus causing otitis media supurativa.

Yet, if the douche is not used with too much force, and the patient, while using it, keeps the mouth open, this danger is minimized to a degree that it can nearly be disregarded.

I have found two drugs to answer all the purposes of the treatment, and have with their use treated my cases almost exclusively during the last fifteen years, and have yet to find a case which, through their use, has not become practically cured.

These drugs are not rare drugs, but of very common use, namely, permanganate of potash and tincture of iodine. I have used both these drugs in various strengths, and in various combinations.

Yet have I failed to find any benefit in the various combinations of the tr. iodi with iodide of potash and glycerine, nor have I found that any other method of treatment gave as rapid and as lasting good results as the use of the permanganate of potash and tincture of iodine.

My method of procedure is as follows:

As soon as I have diagnosed a case of atrophic rhinitis, if the same is accompanied by crust formation, I proceed to remove the crusts by means of a polypus forceps, or an ear forceps.

Then placing a pus basin in front of my patient's nose and mouth, I direct him to open the mouth, and by means of a large ear syringe I syringe out the nose with warm water in which a slight amount of permanganate of potash or bicarbonate of soda has been dissolved.

As soon as I find that the nose is perfectly clean, and not before, I swab every part that can be reached by means of a cotton applicator with tincture of iodine, or I apply the ticture of iodine freely by means of a spray. The patient is then given by me a solution of permanganate of potash of a strength of sixteen grains to the ounce of water, with directions to put one teaspoonful of the solution into a glass of warm water, and to syringe or douche the nose with this solution as frequently as possible, at least every hour or two, and not to use a little of it only, but to use a whole tumblerful at a time. By and by the patient will be able to use this solution stronger, and I encourage the patient to use it as frequently as possible, and as strong as bearable.

I try to see the patient, in the beginning of the treatment, every day, using either the tincture of iodine or a strong solution of permanganate of potash.

The patient during the whole course of the treatment uses only the permanganate of potash solution, once in awhile, however, if the nose gets sore from the permanganate solution, changing off to a solution of bicarbonate of soda, of a strength of ten grains to eight ounces of warm water. Thus the treatment is continued from day to day, and from month to month, until the patient is practically cured, which generally takes from six months to one year.

535 Lexington Avenue.

[Written for the MEDICAL BRIEF.]

Abuse of Antiseptics in Surgery.

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In medical science as in all other sciences we learn only to unlearn. This holds good as pertains to the use of antiseptics. Since the illustrious Lister demonstrated the value of antiseptics in the operating room, they have almost invariably been used by surgeons in operations in some form, usually in solutions. The use of antiseptics in operative work is almost universal. Whether the operation involves the peritoneal cavity or the amputation of a gangrenous limb, antiseptics have been considered a very necessary article in the operating room, or wherever else a surgical operation is to be performed.

But have we not been a little too liberal in the use of antiseptics? Is it not a fact that in using powerful chemicals in our operative work we have sometimes done injury instead of good? Have we not frequently induced that which we endeav-

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ored to avoid—a condition favorable to the production of pus?

Antiseptics used are usually corrosive or caustic in their action on the tissues; they are supposed to destroy pathogenic organisms that may be present or accidentally enter the field of operation. First of all, it is a fact most organisms that we endeavor to destroy require to be subjected to the action of such a concentrated solution of a powerful antiseptic that human tissue can not withstand it. Therefore, by the free and liberal use of antiseptics we may reduce the vitality of the tissues, and thereby invite attack by pathogenic germs. Idiosyncrasy to drug action may also exist, resulting in grave systemic poisoning by absorption. This has frequently been observed in the use of iodoform, ichthyol, mercury, and other applications and dressings. How often do we not find a rash from the application of solutions of bichloride of mercury, the solution finding its way into hair follicles, and producing a folliculitis. Should a suture be passed through one of these inflamed follicles, we would be almost sure to have a stitch abscess in spite of the care we had taken in preparing the patient for abdominal operation. It is possible for other antiseptics to produce a dermatitis, or so affect the skin that some inflammatory action may be kindled, slight propably, but sufficient to interfere with rapid healing.

Then, again, the habit of applying to the field of operation a moist antiseptic poultice or pack over the operative field for a few hours, or a day, as the case may be, preceding operation, has serious objections. The application of the powerful chemical antiseptic may act as stated above, and, in conjunction, add the deleterious macerating effect of the fluid (usually water holding the antiseptic in solution) on the skin. The antiseptic poultice macerates the skin and devitalizes it.

The use of antiseptics in the peritoneal cavity is even worse than useless. Owing to their irritating properties they will do positive damage to this delicate membrane by the rapid absorption of the poison that takes place, the spreading of infection to regions as yet free, and the widespread irritation produced by abdominal irrigation with antiseptics or other fluids, which reduces its ability to take care of such blood and serum as may ooze or be left in the cavity.

The peritoneum, which is really the friend of the surgeon, and not his enemy, by its absorbtive properties and its close relation with the lymphatics is able to take care of considerable blood and serum that may be left in the abdominal cavity, but irrigations, especially of bichloride of mercury in weakest strength (1:50000, or weaker), by their extensive irritation, reduces the absorptive power of the peritoneum, and the lymphatics are unable to carry off the infection, which, therefore, accumulates with its natural consequences. It is a fact abundantly established by experiments that antiseptics, as used in surgery, do not kill germs with which they come in contact in the strength they are used in, and in the length of time they have to exert their influence. They frequently do, however, so devitalize the tissues as to enable germs present to make themselves known to the unnecessary distress and occasional death of the patient. True, they can not all be removed with brush, soap and water, but the healthy tissues will defend themselves against those few remaining germs. Cleanliness prevents the overwhelming of the tissues with germs without lowering the resistance of the tissues; germicides more effectively remove the germs, but depress tissue vitality, and give the remaining germs the chance they are seeking.

The members of the aseptic school of surgery have results as good if not better than those of the antiseptic school. The late Mr. Lawson Tait, than whom no better surgeon ever lived, was the marvel of the surgical world for his brilliant results and low mortality in abdominal operations, in spite of the fact that he was called a filthy operator by the antiseptic school, because he had learned to reject antiseptics, and depend on soap and water and heat. He first demonstrated the fact that the capital operations may be performed and ideal results obtained by simple cleanliness. The use of antiseptics —germicides—in surgery, excepting where they may be required as a detail of treatment, is in effect a confession of filthiness by the antiseptic school, an admission

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that they can not clean themselves, nor the operative field, sufficiently to justify operation, except by an attempt at germ destruction.

One of the commonest results of the use of antiseptics in operations is a defeat of the very purpose for which they were employed: stitch abscess and failure to get union by first intention.

This I recognized some years ago while Superintendent of the St. Louis City Hospital. Since then, I have had these results only in cases where antiseptics were a part of the preparation. The most recent case was Mrs. C., the wife of a physician. He wanted a carbolic acid pack placed on the field of operation for forty-eight hours. I submitted to his request, performed laparatomy, and had stitch abscesses and slow union.

Mrs. D., wife of a physician, was operated for appendicitis. For twenty-four hours she had a bichloride pack on the field of operation; result, stitch abscesses and slow union.

When these results take place, of course antiseptics must be used as remedial agents to overcome the pathological condition, where, had they not been used in the first place, there would have been no later occasion for their employment.

In preparing patients for abdominal operations, I have long discarded all antiseptics, for the reasons above given, and depend on washing the abdomen with pure water and soft green soap daily, for three days, if such time may be taken, rinsing off thoroughly with clean warm water, to avoid macerating the skin. Then I protect the skin of the operative field by applying a dry sterile dressing, consisting of a layer or two of plain sterile gauze, then sterile cotton over the gauze, both having been sterilized by heat.

For the operation itself, I confine myself to as few instruments as is consistent with the necessities of each case, sterilized by boiling in plain water. No bichloride of mercury, carbolic acid, permanganate of potassium and oxalic acid solutions employed in the operating room.

In my work in pelvic and abdominal surgery, I find the aseptic methods productive of better results than the antiseptic methods.

Suite 355 and 356 Century Building.

[Written for the MEDICAL BRIEF.]

American International Congress on Tuberculosis, Under the Auspices of the World's Fair, St. Louis.*

BY E. J. BARRICK, M. D., M. R. C. S., ENG., L. R. C. P., AND S. LON. AND EDIN.
Toronto, Ont.

Presidential address delivered by Dr. E. J. Barrick, of Toronto, Ont., Oct. 3, 1904.

No one could but appreciate to the fullest extent the great honor of occupying the distinguished position of President of this International Congress on Tuberculosis. For this honor I am grateful to the noble band of men whose hearts have burned with love and sympathy for those who are or may become the unfortunate victims of the great white plague. To these men, not to me, is due the honor of bringing about this great congress. To one man more than all others is due the honor, and to him this western world owes a debt of gratitude which can never be adequately realized and never repaid. Nothing short of the strongest love and sympathy for suffering humanity could have impelled Mr. Clark Bell to so unreservedly consecrate his great talents, his time and his indomitable energy to bring about this splendid result. No man with less ability, energy, tact and perseverance could have accomplished what he has done in working out something practical towards stemming the tide of the spread of this, the greatest enemy of the human race.

The object eminently uppermost in this movement has been not to waste time over unsettled scientific questions and controversial methods of treatment, but to seize hold of and turn to practical use settled scientific and clinical facts. To this end we have endeavored to set in motion a campaign of education by enlisting the services not only of the medical, legal and clerical professions, but statesmen—Federal, State, provincial and municipal legislators, business men, and, in fact, the whole people, so that some concerted and co-operative action may be taken to utilize the present knowledge

*Specially contributed to the MEDICAL BRIEF by Dr. Barrick.

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on this great question. Thus our efforts have been to bring together at this congress all the above, so that by discussion and interchange of thought something practical may be evolved, and legislation promoted whereby it may be carried into effect.

The good work of organizing this congress would not have been possible had it not been for the splendid sympathy of the United States government, and its generous action in inviting the governments of the various countries in the Western Hemisphere to extend like sympathy, and to appoint delegates to the congress. Such government sympathy and action, I understand, is unprecedented in any part of the world. We also acknowledge our indebtedness to the World's Fair management for placing the congress on its official list of congresses, and in appointing a committee on organization to aid in carrying it out. The loyalty of our officers and delegates, and the praiseworthy work of the local committee in St. Louis have all largely contributed towards bringing about the happy results of this meeting.

The practical advantages resulting from congresses are sometimes marred by the contentions of scientists over debatable scientific questions. We all remember how the good that was hoped for from the British congress in 1900 was marred by the statement made by Professor Koch, regarding the relation of human and animal tuberculosis. Comparatively little seems to have been remembered of that congress, save this episode. We are also familiar with the report of the Royal Commission, which was contrary to Professor Koch's statement. The world is rich to-day in settled scientific and clinical facts regarding this disease; the world is poor to-day in practical measures to carry these facts into practice, and bring the benefits within reach of those who are so sadly in need of help.

It was, therefore, determined by the management that the supreme work of this congress should be on lines of preventive medicine, including preventive legislation, in which the whole people may join and eradicate, so far as possible, this great scourge. The question may, for practical purposes, be resolved into two factors, viz.: first, the soil; second, the seed; no seed, no crop. I shall confine my remarks to pulmonary consumption, and the entry of the germ through the respiratory channel. This brings us to the consideration of two questions:

First—How may we best keep the seed and soil apart?

Second—How may the system be fortified against the growth and development of the germs when by chance they have gained an entrance?

As to the first, the germ-laden sputum should be destroyed by fire or germicides as soon as possible after it leaves the body. As to the second, generally speaking, the higher the vitality and tone of the system the less susceptible it is to this disease, and the more difficult it is for the germs to get a foothold.

How important it is, therefore, that the campaign of education should commence in our public and other schools, so that the whole people may early learn the nature of the disease, and be taught the things to be avoided, and the things to be done, that will tend to a higher state of health. If this were done, State and municipal preventive legislation would be more easily secured and carried out, and we would have cleaner streets and lanes, better sewer and water service, and more sanatory dwellings, factories, shops and other places of business in which most people have to spend the great part of their lives.

A most encouraging feature is, that while all this is being done to fortify the system against tuberculosis, it fortifies it against disease of every kind, prepares it to more effectively discharge the duties of life, and overcome the obstacles that more or less beset the path of everyone.

There is no disease that produces so much dependence and poverty as tuberculosis, and there is no disease that is more readily fanned into life and activity by poverty, with its unsanatory surroundings, than the one under consideration. The rich are able to care for themselves. What can be done for those of moderate means, and above all, what can be done for the poor? These are questions that have long been, and are to-day, loudly calling for solution.

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In the solution of these great questions, what is the desired goal to aim at? Shall it be one of centralization, combines and trusts, where the objects are financial gain and glory, where the benefits are to be brought within reach of only those who are able and willing to pay the highest price? Or shall it be decentralization, where the work is one of duty, inspired by love and sympathy for the unfortunate victims of this disease, and where the object is to bring the benefits within reach of the greatest number, especially the poor and those of limited means.

I beg to submit for your consideration the latter, believing that decentralization is the direction in which relief may be brought within reach of the whole people, and that in this municipal sanatoria are to play an important part. To this end each municipality, or group of municipalities, should have a sanatorium, or what is called by some a "sanatorium ranche," exclusively for its own people suffering from tuberculosis, operating in conjunction with the local boards of health. To consist of from twenty-five to one hundred acres of suitable land, with an administration building, cottages and tents of moderate cost, where provision should be made for consumptives in all conditions of life, and in all stages of the disease—not a free sanatorium, as such would encourage pauperism, but one where those able to pay shall pay and where the poor shall be treated free of charge.

In matters of education, free schools are being brought within the reach of every pupil in every municipality. In many county municipalities, houses of refuge are being built for the poor. In nearly every municipality at the present time special provision is being made in hospitals for those suffering from small-pox, diphtheria and scarlet fever, and general and special hospitals for those suffering from diseases other than contagious.

Why not then have municipal sanatoria for tuberculosis, a disease that causes nearly twice as many deaths each year as small-pox, scarlet fever, diphtheria, measles, typhoid fever and whooping cough put together, and directly or indirectly is responsible for one-fifth to one-eighth of all the deaths the world over.

On December 15, 1902, Dr. P. H. Bryce, the Registrar General of Ontario, made this statement: "Since public health boards have been in operation over twenty years, the acute contagious diseases have been lessened nearly sixty per cent, while tuberculosis has increased fifty per cent." The reason of the decrease in the former is no doubt owing to the fact that organized methods, including hospitals and other means, through boards of health, have been in force in the various municipalities; and of the increase of the latter is, that no organized methods have been in operation.

The advantages of sanatoria treatment have been demonstrated the world over, and especially so in Germany, where a law has been in force for some years whereby all who earn a wage less than $1.50 a day are compelled to insure against sickness, old age and death; and where the insurance companies are allowed the privilege of expending the weekly allowance for sick dues in caring for the invalids in special sanatoria, with gratifying results.

The object of municipal sanatoria is to bring all the benefits of sanatoria treatment within reach of every consumptive in every municipality. This plan is one that commends itself primarily as being above all things along the lines of preventive medicine. In the first place, it prevents death by giving an opportunity to those in the early stages of the disease of being cured; in the second place, it prevents more cases by removing those from their homes who will sooner or later transmit the disease to the other members of the family. It will also be an economic benefit through not only saving life and lessening cases, but will help to prevent pauperizing families who spend their all in attempting to save their loved ones, and provide comforts for them during several years of a hopeless fight with a chronic, and under existing circumstances, fatal disease.

I venture to say that there is scarcely a general practitioner before me to-day, or in this whole country, who, when he recalls his experience, must feel that with a municipal sanatorium within easy

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reach of his patients, valuable lives might have been saved, and the spread of the disease to other members of the family might have been prevented.

A municipal sanatorium should be for the whole people, where every physician should have the right to treat his patients as freely as in their own home, and where the patients should be free to be treated by the physician of their own choice.

Seeing then that such advantages would flow from a municipal sanatorium in each municipality, why have they not been established, and what are the difficulties in the way? I answer briefly the apathy and indifference of the public generally; and, secondly, the great cost entailed therewith.

Difficulties have been well defined as things to be overcome.

How, then, may the difficulties in the way of municipal sanatoria be overcome? I answer, educate, educate, educate. A campaign of popular education carried on by national congresses, such as the American Congress on Tuberculosis, and such as the Canadian Association for the Prevention of Tuberculosis, aided by the State and provincial associations, backed up by municipal anti-consumptive leagues, similar to the ones in Toronto and Montreal, aided by the medical, legal and lay press, the pulpit and the platform, should be sufficient to arouse the public to a sense of its duty in this great work of saving and prolonging the lives of the people.

When public opinion is thus educated, it ought to be an easy matter to secure aid from the federal government to assist each State or province in establishing one experimental sanatorium that would be a pattern and object lesson leading on to municipal sanatoria.

It is a pretty well-established fact that the consumer pays the duty, and as the revenue then is paid by the whole people, it does not seem unreasonable that some of this should be expended in experimental sanatoria as indicated, seeing that large sums are freely used in experiments in relation to tuberculosis among cattle, and in relation to agriculture, dairying, etc. All that is necessary is that the public be educated up to it.

The first step being accomplished, it ought not to be difficult to secure State and provincial legislation similar to what was secured in Ontario in 1900, on conditions that the municipality aid in the work. In turn, by-laws may be passed by the qualified electors, conditional on a certain amount of help being secured from voluntary contributions.

By this co-operation of the federal, State, provincial, municipal and individual aid, a municipal sanatorium might easily be established and maintained in each municipality, and the benefits thereof brought within reach of consumptives in all conditions of life, and in all stages of the disease, and thus not only save and prolong the lives of the people, lessen the amount of human misery, but also prove from an economic standpoint to be a good financial investment for all the parties concerned.

It must be apparent to every thinking person that a municipal sanatorium in each county municipality would be an important local educator, and as the mind of the public becomes seized of its importance, patients would be more readily persuaded to take advantage of a local institution, where they would not necessarily have to pass out of the hands of their own physician, and out of the reach of their friends, and where their chances of cure and improvement would be greatly increased, and where the spread of the disease to their friends, and the public generally, would be materially checked.

In conclusion, may I earnestly plead for municipal sanatoria on behalf of the eight thousand people who die each year in the Dominion of Canada, entailing an estimated annual financial loss of $48,000,000, and on behalf of the over one hundred thousand citizens of this great republic, who die annually of this same disease, at an estimated financial loss of over $600,000,000? Let the cry go up from the Atlantic to the Pacific, Save the people, save this financial loss, and establish municipal sanatoria for consumptives.

60 Bond Street.

Enclosed find one dollar for which enter my name as a subscriber to your valuable journal, the MEDICAL BRIEF.—J. STACEY, M. D., Thornfield, Mo.

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[Written for the MEDICAL BRIEF.]

Persistent Uterine Hemorrhage a Significant Symptom of Extra-Uterine Pregnancy.

BY OTTO G. RAMSAY, M. D.,

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Persistent uterine hemorrhage is a significant symptom in extra-uterine pregnancy. Extra-uterine, or rather tubal pregnancy, is of such common occurrence that in every diseased condition of the female genital tract it must be considered. It is, however, a disease of many symptoms, none of which are pathognomonic of the condition, and many times practically all of the so-called cardinal symptoms are absent. For this reason, any symptom which may be relied on is of value in the diagnosis of the pathological condition present.

My attention has been especially called to this symptom of persistent hemorrhage in early extra-uterine pregnancy, by three cases which I have had the opportunity of seeing and operating upon within a week or two. In all of these the only symptom of any great importance was a persistent uterine hemorhage, resistant to all of the usual remedies, and even to rest in bed, and though accompanied by some irregular abdominal pain, in only one of the cases was the pain at all suggestive of that found in the usual case of extra-uterine pregnancy. In fact, in two of the cases I was called in by the attending physician to curette it, as the hemorrhage was supposed to be due to one of the hemorrhagic forms of endometritis. Two of these three cases occurred within a year after a normal delivery, both of them following the cessation of lactation, and both of them were ascribed by the family physician to menstruation, which was persistent longer than usual. And it was only after the hemorrhage had lasted for several weeks that a consultation was considered necessary. In two of these three cases a sausage-shaped tumor was comparatively easily felt in the cul de sac, while in the third case it was impossible to outline any of the pelvic organs without anesthesia.

The first interesting point in considering these three cases, was, the absence of practically all of the cardinal symptoms of extra-uterine pregnancy, save the uterine hemorrhage, which we find given in most text-books as occurring in only about fifty per cent of these cases.

The second point of interest was the extremely light adhesions which I found binding down these tubes in two of the three cases. In both of these the wall of the tube was extremely thin; in one, almost as thin as tissue paper. This would have ruptured easily under any strong manipulation, and it is easy to see how in such cases a death-dealing hemorrhage might occur from the rough examination which is sometimes made by a general practitioner.

This brings me particularly to the germ of what I wish to say, viz., that in every case of persistent uterine hemorrhage, even if there are not present any other symptoms of extra-uterine pregnancy, that we should always consider the possibility of such a condition being present, and examine such patients extremely carefully, as otherwise there are certain to be some fatalities.

Along the same lines, great care should be taken in advising curettage, and in carrying out such an operation. Personally, I have seen a number of cases in which curetting was advised and done without careful examination of the pelvic organs being made, and I have no doubt that some of the fatalities which follow such ill-considered operations, are due to rupture in early extra-uterine pregnancy.

To conclude, it is safe to say that in a case of a persistent hemorrhage, resistant to the usual remedies, especially if accompanied by irregular or uncomplained abdominal pains, extra-uterine pregnancy should be considered in making a diagnosis.

And that in such cases, extreme care should be taken that the examination is not roughly made, and that no patient should be curetted before examining carefully the pelvic structures with the patient under anesthesia.

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[Written for the MEDICAL BRIEF.]

Practical Dermatological Therapeutics—Notes on the Treatment of Eczema.

BY PRINCE A. MORROW, M. D.,

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One advantage possessed by the dermatological specialist with a large hospital or dispensary service, is the opportunity of testing on an extensive scale remedies and methods of treatment of established use, as well as those of more recent introduction, and thus being enabled to arrive at a correct appreciation of their positive as well as their relative value.

My experience in charge of the skin and venereal department of the New York Hospital, during a period of twelve years, embraces several thousand cases of skin disease. Many of these cases were examples of rare forms of skin affection, the treatment of which would possess but little interest to the physician engaged in general practice. The large proportion of these cases represented common types of cutaneous affections encountered in everyday practice.

I propose in this paper to indicate briefly what, according to my experience, constitutes the best and most efficient treatment in one of the most common forms of skin disease, which comes under the observation of the general practitioner. It is not intended to enter into an exhaustive consideration of the subject of treatment, but simply to outline it in a general way.

The methods of treatment I shall recommend are simple, convenient of application and readily comprehended. I shall indicate but few drugs, or formulæ, and only those which have been tried and found good and worthy of confidence.

The physician, in reading articles upon the treatment of diseases of the skin, is apt to be confused and mystified by the multiplicity of remedies recommended, and with a facile acceptance of the idea that what is newest is necessarily the best, too often he employs those which have only their novelty to commend them, to the exclusion of older and more valuable remedies. Incidentally it may be said that this multiplication of remedies is the bane of dermatological therapeutics. Enterprising drug firms are constantly putting forth new pharmaceutical products, with claims for their superior efficacy in this or that cutaneous affection, entirely unsupported by sufficient clinical evidence, and which, subjected to this test, are found wanting.

Of all affections of the skin, first in frequency, as well as in importance, is

ECZEMA.

According to the statistics of the American Dermatological Association, this dermatosis comprises about thirty per cent of all skin diseases occurring in this country. By certain modern dermatological text-book writers, many morbid states of the skin which were formerly recognized as eczematous, have been separated from this group, and classified under different titles. Thus the eruptions provoked by external irritants are classed as "dermatitis." Eruptions of the seborrheal type are grouped under the title of "seborrheal dermatitis," etc.

Eczema represents the most common type of inflammation of the skin, and since almost all morbid changes in the skin are essentially inflammatory in their origin and nature, a knowledge of the proper management of the eczematous skin is the key to the treatment of a large proportion of inflammatory affections of this organ. The treatment of the inflamed skin of whatever nature is essentially the same, and often quite irrespective of the cause, whether it be external or internal. When due to a parasite or external irritant, there is a tendency to spontaneous recovery when the exciting cause is removed.

Constitutional Treatment.—Although many dermatologists following the traditions of the German school rely upon an exclusive local therapy in eczema, there can be no question but that a judicious combination of constitutional and local treatment constitutes the most rational procedure, and is followed by the most permanent cures. There are no specifics for eczema, and in a general way it may

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be said that constitutional treatment should be directed to the individual patient rather than the disease.

The correction of any disorder of the gastro-intestinal functions, the regulation of the bowels and the promotion of the free functioning of the kidneys are indications which should always be considered. Many eczemas are associated with fermentative dyspepsia and other disorders of the alimentary canal, constipation, etc. For the correction of such disorders no remedy, according to my experience, is so universally beneficial as the rhubarb and soda mixture of the U. S. P. It may be necessary in certain cases of obstinate constipation to energize its aperient action by the addition of the fluid extract of cascara, or when the liver is sluggish and inactive to resort to the use of active cholagogues, as podophyllin, calomel, etc., but in the general run of cases there is no better remedy than the R. & S. mixture.

Many cases of eczema are associated, in the relation of cause and effect, with an excess of uric acid circulating in the blood, and in such cases the reduction of the quantity of nitrogenous food and the use of alkaline diuretics are indicated. In strumous, rickety children, it is necessary to improve the general nutrition by proper food, the use of cod-liver oil, syrup of iodide of iron, etc. In all cases hygienic and dietetic measures, calculated to build up the general health to the highest possible standard, should be employed.

In the management of eczema it is no less important to know what not to do. One of the "don'ts" which should be especially emphasized is, Avoid arsenic. No therapeutic error has been more firmly engrafted in the minds of the medical profession, and more tenaciously held, than the delusion that arsenic is a specific for diseases of the skin. In eczema especially its use will be found injurious, as it almost invariably aggravates hyperemic and inflammatory conditions of the skin. Alcohol, in any form, is unquestionably harmful. It activates the circulation, dilates the vessels, increases the congestion, and intensifies the subjective sensation of itching. I have rarely found it necessary to interdict the moderate use of tea or coffee, although in some cases of orificial eczema, especially about the anus, the use of coffee aggravates the eruption.

Local Treatment.—The local treatment of eczema must be modified according to the form and stage of the disease, the character of the inflammatory process, and the susceptibility of the individual skin. Therapeutic measures adapted to the acute stage would prove entirely inert in the chronic form, and a treatment appropriate for the latter would aggravate the former.

In the management of acute generalized eczema, the reduction of the inflammation and discharge, and the relief of the pain, burning and itching are the first indications to be fulfilled. It may be laid down as a cardinal rule that the eczematous skin should not be subjected to the contact of soap and water, or even plain water. If crusts are present they should be detached by soaking them with almond or sweet oil, or the application of starch poultices. Many physicians make the mistake of beginning at once with the use of an ointment. Now, ointments should never be used in the early acute stage of eczema. Dusting powders and lotions or liniments give more prompt and immediate relief. Powders are indicated both for their protective and desiccating effect. The most commonly employed are starch, lycopodium, kaolin and oxide of zinc. Dolomol is an exceedingly bland non-irritating powder, with which various medicaments may be easily incorporated when indicated. If itching is pronounced, the addition of camphor is to be recommended.

The dusting powder may be dredged over the affected surfaces, or it may be kept in more continuous contact by means of flat muslin bags filled with the powder. This is especially convenient of application in eczema involving the axillæ, the folds of the thighs and other regions where opposing surfaces come in contact. The powder may be held in suspension in a lotion which is dabbed over the skin, and allowed to dry, leaving a powdery deposit.

Lotions or liniments are especially indicated in acute inflammation. One of the best is the calamine and oxide of zinc lotion. When large surfaces are involved, strips of linen or cheese-cloth, dipped in

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this lotion should be kept more or less constantly applied.

Another admirable lotion is the lotio nigra, or "black wash," which may be, if necessary, diluted with a further addition of lime water. I know of nothing more soothing to the acutely inflamed surface than these two lotions.

So soon as the stage of weeping and formation of crusts is passed, ointments or pastes may be employed with advantage. It is well to understand that in the sub-acute stage of eczema, pastes are much less irritating than ointments. The latter often determine congestive or inflammatory phenomena, in conditions of the skin, where pastes are well supported, due, doubtless, to the larger proportion of pulverulent substances contained in the latter, and their greater porosity or permeability, permitting the absorption of the watery elements escaping from the diseased surface.

It may be laid down as a general rule that pastes are preferably employed in irritable condition of the skin when we desire a simple, protective covering, while ointments are indicated when we desire a more energetic and profound action.

In the ordinary treatment of eczema the "Lassar paste":

℞ Acidi Salicylici .....10 grains.
Pulv. Zinci Ox ..... 2 drachms.
Pulv. Amyli..... 2 drachms.
Vaselinæ ..... ½ ounce.
M.

Is, in my opinion, the best and most efficacious application that can be used, and will be found suitable for almost all cases. The composition of the paste may be modified to meet particular indications, thus, when there is much irritability of the skin, boric acid (twenty grains) may be substituted for the salicylic acid; sub-nitrate of bismuth may take the place of starch; tumenol, ten per cent, may be added to relieve pruritus, and, later, when reducing agents are required, ichthyol or resorcin may be incorporated.

Ihle's paste, composed of—

℞ Resorcin .....10 grains.
Zinc Oxide ..... 2 drachms.
Starch ..... 2 drachms.
Vaseline..... 2 drachms.
Lanolin..... 2 drachms.

And Morris' paste:

℞ Zinc Oxidi .....1 drachm.
Kaolin .....3 drachms.
Vaseline.....1 ounce.

Are also excellent applications.

Hard or firm pastes, containing zinc oxide, gelatin and glycerin, as a basis, and which must be melted and applied with a brush when warm, solidifying in a firm, fixed adhesive covering, are most valuable.

In the treatment of the superficial chronic forms of eczema, covering a large surface, as when the entire leg is involved, for example, there is no better application, as it forms a supple, elastic covering, which exerts a gentle compression, and is absolutely protective. Various medicaments, such as ichthyol, thiol, or tumenol, may be incorporated with the gelatine mass.

At a later stage, when the skin is infiltrated, thickened, and scaly, presenting the characters of a chronic eczema, a more active, stimulating treatment is required. Resorcin, ichthyol, pyrogallol, and the tarry preparations, are usually relied upon as reducing agents. Tar is undoubtedly one of the best remedies for papular, scaly eczema, but many skins do not tolerate its use, and in such cases it does more harm than good. It is always best to test the susceptibility of the skin to its possible irritant effect by limiting its application to a small area before using it over the entire diseased surface. In markedly pruriginous eczemas, an excellent application is the following:

℞ Acidi Carbolici..... ½ drachm.
Camphoræ .....1½ drachms.
Ung. Zinci Ox.....1 ounce.
M.

In circumscribed chronic patches of eczema, which may, perhaps, have existed for years, chrysarobin and pyrogallol are most excellent agents. They can be used in the form of an ointment, or as a fixed, adhesive preparation, in combination with collodion or traumaticin. They should be applied at not too frequent intervals, and any undue irritation should be allayed by the use of a soothing ointment.

In the treatment of these chronic patches, especially of the lower limb, about the ankle or over the instep, I know of nothing better than the continuous application of benzoinated collodion. This is prepared by evaporating the alcohol in the compound tincture of benzoin, either by exposure to the sun, or artificial heat, and dissolving the solid residue in collodion, so that the resulting mixture will have the consistence of a thick syrup.

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used at any time during this treatment. Nothing is worse in the treatment of this trouble than the empirical use of any agent, and it is folly to use the X-ray on every case without first finding the cause of the itching. The X-ray will, however, prove a valuable assistant if limited to use in cases of unknown origin, those that prove themselves especially rebellious, and where relief alone is expected. A cure can not be expected, even with the use of the X-ray, unless the cause is removed. Should a cure occur, it will be only temporary if the exciting cause is allowed to continue. When the pruritus is due to prostatitis, hemorrhoids, fissure, ulceration, fistula, prolapse or polypus, and the patient refuses to submit to surgical treatment, or in senile, debilitated or hemorrhagic subjects, much relief may be given by the use of:

℞ Calomel.....30 grains.
Menthol.....10 to 20 grains.
Vaseline..... 1 ounce.

M. Sig.: Apply after each bowel movement, after bathing the surface carefully and sopping dry.

If there is much pain, cocaine hydrochlorate, grains ten, may be substituted (Mathews). This formula in a general way has given me much satisfaction, but must be altered to suit each case.

599 East Forty-Sixth Street.

[Written for the MEDICAL BRIEF.]

Frequency of Urination as a Diagnostic Symptom.

BY WINFIELD AYRES, M. D.,

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In order to discuss intelligently the symptoms of frequency, we must first study the physiological action of urination. When the bladder becomes full, we have the desire to urinate. This desire is caused by a contraction of the detrusor urinæ, and is really the only cause of desire. The passage of a few drops of urine into the posterior urethra has been ascribed as the cause of desire, but we find that when we irrigate by the Janet method, that though fluid is flowing through the posterior urethra constantly, there is no desire until the bladder contracts. When an instrument is passed into the posterior urethra there is often a desire to urinate, but this is also due to contraction of bladder, caused by irritation.

As frequency is quite common in genito-urinary surgery, I have endeavored to group the symptoms in such a manner that the practitioner can make a probable diagnosis before making an examination. First the causes of frequency.

Change in the character or quantity of urine—Diabetes mellitus, diabetes insipidus, nephritis, acid urine, general disturbances, hysteria.

Local changes—Stricture, prostatitis, vesiculitis, cystitis, urethritis, stone, pyelitis, floating kidney, tumor of bladder and kidney, residual urine.

If the patient complains of frequency as his only symptom, the question first is how often, how much at a time, and frequency at night. A man normally urinates five or six times a day, and never at night.

If we have increased frequency, and a large quantity of urine is passed, examination of the urine may show sugar, albumen, low specific gravity. If we find sugar, the cause is explained; if albumen, the cause is probably explained; if a low specific gravity, we should look the patient over carefully for the cause, which may be local, or may be constitutional. In the spring and fall of the year we have many patients complaining of frequency, and as a cause we find the urine excessively acid. This is quickly relieved by an alkaline.

Considering local causes, we find that stricture of itself produces frequency only by day, but as in the majority of cases there is cystitis associated with stricture, we have frequency by night also. We usually find accompanying the symptom of stricture more or less pain in the perineum, groin or suprapubic region, small or twister stream; dribbling after urination. The nearer to the compressor urethræ the more pronounced are the symptoms; also the smaller the stricture the more pronounced the symptoms.

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Acute prostatitis causes intense frequency and often obstruction on urination. Frequently there are a few drops of blood after urination. With this there is pain at the head of the penis, and in the perineum after urination; feeling of a ball in the rectum on movement of bowels, often vesicle and rectal tenesmus.

Subacute and chronic prostatitis may produce frequency day and night. Frequency by night, and not by day, is a pathognomonic symptom of prostatitis. We usually find more or less pus or strings in the urine in both specimens. We frequently find a small stream, delayed urination and dribbling after urination.

Seminal vesiculitis acute, causes frequency day and night. We usually have more or less free pain in inguinal region, bloody ejaculations, vesicle tenesmus. Subacute, frequency by day; pain in inguinal region, vesicle tenesmus. May have frequent seminesmus—one of my cases having from two to seven in twenty-four hours. Plenty of pus in both specimens of urine.

Urethritis causes frequency only by irritation. It is only by day. We frequently find patients who complain of having to urinate at night, but if we question them closely we find that the cause is due to the erections.

Pyelitis is a common cause of frequency, more than is generally supposed. We have besides frequency, pain in back, groin and testicles, pus in both urines. Under the microscope we find kidney cells. The cause of frequency is simply reflex due to the irritation in the kidney.

Stone in the bladder causes frequency by day and not by night, in the majority of cases. When cystitis is present, then we have frequency by day and night. There is usually the interrupted stream, pain after urination at the head of the penis.

Cystitis—Frequency day and night, the more severe the inflammation the greater the frequency. There is associated with the frequency greater or less pain over the pubic region, and pus and blood in the urine, depending on the severity of the inflammation.

Floating Kidney—Frequency may or may not be present, very rarely at night. Dragging sensation in the back.

Stone in Kidney—Frequency increased by riding or walking, lessened by quiet. Pain in back, groin and testicle.

Tumor of bladder causes frequency only by diminishing capacity of bladder, or by causing cystitis. In urethritis we usually have history of hemorrhage.

Residual urine causes frequency only by diminishing the collecting capacity of the bladder. If the bladder normally holds sixteen ounces, and only half empties itself, the working capacity is decreased one-half, and we find patients urinate twice as often as usual. There is no other symptom unless cystitis has developed, as it so often does.

Any irritation of the genito-urinary tract may cause an irritability of the bladder, as shown by frequent desire to urinate when there is no trouble with the bladder.

112 West Ninety-Fourth Street.

[Written for the MEDICAL BRIEF.]

The Prevention of Tuberculosis by Building Up the Defensive Powers of the Body.

BY THOS. BASSETT KEYES, M. D.,

Chairman of the First Organization Committee of the American Congress of Tuberculosis, and one of its Vice Presidents; Vice-President-at-large of the International Congress of Tuberculosis, St Louis, 1904. Chicago.

WARFARE AGAINST TUBERCULOSIS.—PAPER NO. 1.

The war against tuberculosis has been going on attacking the enemy in open field, devoting all efforts in educating the people as to the germ, giving little thought to building up the defensive powers of the body, so as to withstand this germ. If we are to be successful in stamping out the disease we must build up the body. This can be done by eating fat food, which makes us immune from the disease. A short time ago I was called upon to examine one of the healthiest specimens of humanity I have ever seen. I asked him what he ate. Among other things, he said that he used a gallon of olive oil each month, putting oil in his soup, and cooking eggs and potatoes in it, besides making salads. He was an Italian, examined for a fraternal organization, and was in perfect health. In

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the evening of the same day I examined a tubercular patient of the opposite extreme of development and health. He said he never ate fat from his meat, that he could not eat it; no butter, or very little of it, and no cream. He was a poorly developed man, confined to bed with "galloping consumption."

True, the tubercular patient should not be allowed to expectorate indiscriminately, but since there is always such an army of them, we shall always be exposed to the disease unless we build up the defensive powers of the body, so protect yourself against the disease, since you have no control over others.

Consumption, the great white plague, is by far the most destructive disease to which the human race is subject, not even excluding the plague of oriental countries. In China itself tuberculosis is so common as to rival it as a cause of death, though in that country there are no accurate statistics. It was estimated that in England, in 1891, there were thirty-nine thousand three hundred and eighty-two deaths; in France there were one hundred and twenty thousand nine hundred and twenty-six; in Germany, in 1890, there were one hundred and twenty-three thousand four hundred and seventy-five deaths; while of the same year in the United States one hundred and fifty thousand died of tuberculosis. In China, it is thought that more than one-half of the deaths are due to this disease. The German Imperial Insurance reports that of every one thousand workmen between twenty and twenty-four years of age, who are sick and unable to work, five hundred and forty-eight of these are rendered so on account of tuberculosis, while from twenty-five to twenty-nine years of age five hundred and twenty-one are thus affected, so that between the ages of twenty and thirty years more than one-half of all deaths are from this disease, and from there until sixty-five years of age one-third die from tuberculosis, taking its greatest mortality in the early rising of manhood, at the time when they are of greatest use and enjoyment to themselves and families. It has been estimated that there are one million two hundred and fifty thousand cases of tuberculosis in the United State all the time.

If the whole world were at war, it is not likely that there would be as many deaths as from tuberculosis. If an army could rush in upon us from another creation, and shoot down this sum of people, taking many of the brightest geniuses from the homes and firesides of the land, the whole world would be in arms to protect their families. We would appeal to God for vengeance upon such a mighty spoiler. If a fire were to continuously ravage our fairest cities, and consume this amount of people, all nations would be dressed in mourning, a universal feast would be proclaimed, and the whole world would be on their knees in humble deprecation. Well, this army has landed upon our coast, and a sum of people from this country alone equaling one hundred and fifty United States regiments are carried to their death from this cause every year; the livid fire is raging in our cities, and hamlets and towns; the blast and mildew of consumption is consuming our substance, for it is variously estimated that from sixty to eighty per cent of mankind have tuberculosis, while Nageli concludes an investigation with the statement that practically every adult has the disease.

And is there no remedy? Shall this hydra-headed monster hold his empire on creation from generation to generation, to the end of time, holding in his grasp his million victims and binding them with the strength of a cable? It should not, for the remedy, as to its prevention, lies in a knowledge of the disease. The knowledge that fat foods produce immunity from the disease, and that fresh air gives the appetite for the digestion of these fats, that sunlight, air, cleanliness, and care of the sputum destroy the germ. This knowledge should be disseminated, not alone by the newspapers, the greatest educators of the masses, but should be thoroughly taught by the schools as well. I shall now endeavor to show how this lack of knowledge affects man in his domestic relations.

THE PREVENTION OF TUBERCULOSIS AMONG DESCENDANTS.

Prior to 1882, when Koch announced his discovery (*Berliner klin. Wochenschrift*, No. 15) of the bacillus tuberculosis, it was generally thought that the

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disease was hereditary, but now it is usually admitted that congenital tuberculosis from infection before birth is very exceptional, though Barand and Renon reported to the Societe de Biologie of Paris, in June, 1895, that they had investigated the subject of direct transmissibility of the bacillus, and though their experiments pointed that tuberculosis may be inherited, it is the exception to the rule. That which is inherited from the tubercular mother is a weakened constitution, weakened from lack of nourishment from the mother's impoverished and fatless blood. (The blood varies as to the amount of fat it contains, according to the amount eaten and digested, varying from 0.1 to 0.5, or even one per cent. and sometimes the plasma contains so much fat as to be milky). The child is born into the world, and, as a rule, the period of gestation has hastened the disease of the mother, relentless and inexorable, to the grave, because she never learned to eat a proper diet, or perhaps the form of tuberculosis is of the chronic fibrous type, made so from a better constitution derived from a partly fair way of living as to the matter of diet, hygiene and air, and the mother lives, or it may be that the father has tuberculosis. The child is living, and if well cared for and generously fed, and with an abundance of fresh air, will be healthy, but the parent being tubercular, it is to be concluded that he does not, and has not, lived upon a proper nourishing diet, composed largely of fats.

Let us wander for a moment from the Fort of Defense to the attack, for the careless tubercular parent places risk of infection to his family, since they may not appreciate the value of fats in their diet to build up immunity from this disease, which is probable, or there would not have been the case of tuberculosis among them. Not only must they learn the value of fats in their daily diet, but they owe it to their family and society at large to carry out rules of hygiene as to the care of their sputum. Regular disinfection of the premises should also be carried out. Formaldehyde generators and combinations of formaldehyde, made by reputable firms, are now so cheap and effective, that it is not necessary to enter into detail regarding disinfection; suffice it to say that it must be well and thoroughly performed or it will be of no avail. But let us return to the child of tubercular ancestors, and when I think of these children it warns me of the great responsibility which rests upon the people of this land, for without education from the parents and schools as to the value of fats in their diet, fresh air and sunlight, Lost! Lost! is written upon them.

The child, after it reaches its first anniversary, or thereabouts, gives up its suckling bottle, and gradually is fed upon such foods as are eaten by the tubercular parent, sufficient proof that it is not a proper diet, or if there be a generous diet, watch the eater, the tubercular parent, leaves the fat from his meat, eats very little butter, perhaps no oil, and little of cream and milk, or at least does not make up the deficiency of fats which are so necessary to supply force and nutriment to the diseased body, and unfortunate indeed is the wretched man who has thus unmeaningly marred upon nature. Children are the creatures of imitation. They almost invariably do what they see their parents do. As they come forward in life, they mimic the manners of their parents, and even become worse than their teachers. They, too, grow up to look upon fats as unwholesome, and as a result they are puny, sickly children, often afflicted with scrofula or rachitis, or, perhaps, in their early childhood they continue in a partial state of health, or even good health, living an out-of-door life, with their sports and games, and playtimes with other children, but they reach a time when an occupation is sought, the out-of-door life which has given them appetite is abandoned, the youth now more than ever continues his abhorence of fats, butter, etc., at least not eating them in sufficient quantities, fats grow more abhorent, anorexia commences. In this disease nature does not plead for the fats which are necessary for her cure, and when he awakes to reality, if perchance he is instructed by a physician, he awakes to advanced disease. This disease has been insidious, and there has been no distinct time when health ended and disease began. Alas, dear parent, thy indiscretion has murdered your child,

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squandered his constitution and strength, planted thorns of anguish in his dying couch. The grave shall cover thee and him; but thy monument shall tell of indiscretion and lack of knowledge, for had you and your children been brought up to eat a nourishing diet, with a plentiful supply of fats, meat, butter, oil, milk and cream, neither one of you would have had the disease. He may plead ignorance, but the State can not; the education should have taken place in the school.

THE PREVENTION OF TUBERCULOSIS AMONG THE MASSES.

Is it a credit to the people of a nation that their attention must repeatedly be called to the great mortality of tuberculosis in order that rules of diet and hygiene may be carried out? Would it not be better if these facts were taught regarding the prevention of the disease, in the physiologies of every public school, and at an early age of the child. They should at once upon entering their primary education be thoroughly grounded as to diet, value of fat foods, fresh air, sunlight and hygienic laws, and then in a very short time a nation would grow up freed from tuberculosis and many other diseases.

Pure food laws should be enacted and enforced. If the people knew the amount of deception and fraud in many of food stuffs, which are worse than worthless, on account of their filling up the stomach, supplying the appetite without nutrition and their attacks upon health, laws would be enacted making criminals and felons of those who palm off upon the innocent public decayed meats, sweetened with formaldehyde and other preservatives, soft fish, fit for no purpose except perhaps fertilizer, hardened, and the odor destroyed by the same or similar preservatives; then, too, there is no doubt but that vegetables, fruits, meats, eggs, chickens, etc., which are kept by cold storage process, in a much shorter time than they are stored, lose their value as nutritious, wholesome foods, in that the vegetable and animal cells seem to lose their life as force-giving nutritious foods. Think of butter, one of the most healthful and most easily digested of all fats when good, being bought up after it has thoroughly spoiled and become rancid, green in color, and of a horrible fishy odor, worked over and sold as the genuine, fresh article.

Digestion is a process of fermentation; then if the strongest of antiferments are used to keep meats, to cover the odor and sweeten decaying meats, and fish, to keep milk from souring, and other foods from decaying, these antiferments must of necessity stop the action of ferments of digestion, and, therefore, nutrition of the body is interfered with. Is it any wonder that under these conditions, which are so common that it is almost impossible not to be observed by everyone, that loss of appetite and malnutrition should result in those who eat these foods, and it is practically impossible in everyday life for anyone living in cities to avoid it to some extent, and particularly is this true of the poor. The only wonder is that the system can adapt itself at all to these conditions and gather any nourishment from such foods. Without entering into the economical side of the sale of meat, I can not refrain from adding that anything which will tend to lower the price of good meat to the consumer will increase its use among the poor, and thus aid to prevent tuberculosis.

To prevent tuberculosis the people must be educated as to the value of living upon a liberal diet, of fats, butter and cream, and by so doing use the remedies which cure the disease, and build up sound physical strength, it being well known that these people do not take the disease. The people must learn the value of fresh air and outdoor life, which furnish the appetite for the digestion of fats. It can not be denied that a tubercular patient is a source from which many germs may be spread, he should therefore see that he does not become a menace to his family through his expectorations, and since many are careless, anti-spitting ordinances should be enforced.

92 State Street.

I am well pleased with the MEDICAL BRIEF and do not want to miss a number. Enclosed you will find one dollar for my renewal to the BRIEF.—D. W. STOVALL, M. D., Burnham, Mo.

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[Written for the MEDICAL BRIEF.]

Infantile Hygiene.

BY WALTER M. FLEMING, A. M., M. D.,

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(Continued Series.)

In resuming the subject matter under the above title, issued in the MEDICAL BRIEF for October, I am constrained to state that the intention is to make the articles particularly plain and comprehensive, so that those who are interested may derive some valuable information.

To follow the subject of infant hygiene in continuance of the last article, the feeding requirement holds almost the first claim of attention after birth in behalf of the little stranger. The proper, consistent and healthful course of infant feeding has always been a knotty problem, more especially during the vicissitudes through which the infant has to pass.

During the heated term of the summer, therefore, special care, judgment and knowledge of the proper food required at such and such seasons of the year are of the utmost importance for the welfare of the babe. A lack of conversancy with these important factors in the rearing process is doubtless a prominent cause of a large death-rate among children in the early months of their existence. Unless under professional direction and advisory counsel the mother is often entirely incompetent to select the proper course of feeding after the babe is weaned. With a little sound advice and care in observance of the same, many infants may be saved from an untimely taking off.

As has been previously stated, every mother who possibly can nurse her own offspring should do so if her health and various other conditions render it consistent; that is the first natural and proper course to pursue. Nursing babes under normal conditions are less apt to be subjected to the various infantile diseases than are artificially fed children, unless a judicious and well selected course of artificial feeding be inaugaurated after weaning has been regarded as an imperative necessity. And then it is as important to conserve the course and manner of feeding as the selection of the proper food. No child will thrive well if fed promiscuously at any and all times and seasons, or at the times when it is irritable, peevish and crying. It matters little what food is given thus, whether it be at the breast or artificial feeding, whether it be a judiciously selected food or a poor one, such, of course, will not favor a thrifty result.

The important part of good and proper feeding is regularity, and it is important that it should be strictly observed. Feed the little one regularly, even if awakened from sleep for the purpose; soon the infant will learn to awaken at the time to receive its food voluntarily.

From the earliest stage the nourishment should be given every two hours, or thereabouts, slowly and gradually lengthening the interim as age and thrift advances. When one year old, the little one may be fed about every three and a half to four hours, and in amount as near as can be approximated, from one drachm or a teaspoonful at birth, to nine or ten ounces at one year of age. This relates to artificial feeding. At six or eight weeks the little one may be fed every three hours; at ten months, three and a half to four hours, and so on until the second year.

The importance of the bath for infants should not be overlooked. Each morning the little one should have a bath or washing, not to exceed five to eight minutes in early infancy, and a half hour or more after feeding, and the temperature should be comfortably warm, or about 75° F., and a little tub or pan may be used for the purpose.

A cloth or sponge bath may be used, carefully protecting the babe with a small flannel blanket or covering, using soft fabric for drying after, then wrapping the babe in flannel when the bath is over, after which it should be comfortably dressed. All the paraphernalia for the infant should be clean and well cared for, and used for no other purpose.

Of course, the room should be warm, and free from draught or sudden fall of temperature.

Fresh air is a most important factor also for the welfare of the infant. As

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soon as consistent, a daily outing is advisable in proper weather, or a good airing should be given in the nursery, carefully avoiding unnecessary exposure and draft. Fresh air is indispensable day or night, inside or out. Furthermore an infant should not be burdened with its clothing, either on the body or the cradle or bed. It is wholesome to give the little one freedom to kick about, and get some little exercise. The good baby is the one whose mother has the judgment and skill of training and tender care; too much indulgence spoils the little dependent, and weakness on the part of the mother in humoring the child soon gives the little one the upper hand. Start right, and maintain the right course, and the babe will certainly profit by it, both in good habits and obedience. Through the term of babyhood, many emergencies arise which often require little more than good judgment and prompt action on the part of the mother.

Accidents, falls, bruises, burns, derangements of the stomach and bowels, diarrhea, constipation, coughs, colds, and a multitude of infantile vicissitudes are often readily responsive to a little care and attention on the part of the mother, administering such domestic remedies as good reason suggests. It is not advisable to begin giving medicine so early in life, more particularly the many panaceas and soporifics to force quiet, rest, and artificial sleep.

Artificial food should not be given an infant, unless under the direction and advice of a physician, and avoid herbs, teas and anodynes. After seven to nine months' nursing, the maternal supply is scarcely sufficient for the babe; then artificial provender is admissible, under competent advisement.

When teething announces itself, which is about the tenth month or more, that is the usual weaning time. For the first twenty to twenty-four months, two to three movements of the bowels is considered the normal evacuations for the infant. The passage of urine is usually from six to eight times daily in the early months of infancy.

The babe should sleep alone in a crib, cradle or bed by itself, kept comfortably warm in bed or out, but should not be overclad and hampered with heavy or too abundant covering. It is not prudent to subject an infant to outdoor trips during the winter months until five or six months of age. The nurse who has the care of a child is responsible for its habits, temperament and general condition, besides its personal safety from exposures, etc., therefore, a proper system of care and attendance should be enforced. All of the common ills and infantile derangements with which the mother is not conversant should be under the care, guidance and treatment of a physician, always taking it in hand in the early stages of the malady, and not waiting until the illness is established in the system, and thereby often getting beyond control. "A stitch in time" is an old adage, quite as true of the stomach as it is of the stocking.

Hotel Wolcott, Fifth Ave. and Thirty-First St.

[Written for the MEDICAL BRIEF.]

The Non-Operative Treatment of Diseases of Women.

BY ALFRED DE ROULET, B. S., M. D.,
Chicago, Ill.

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There exists at the present time an unfortunate tendency on the part of many physicians to regard all pelvic diseases in women as essentially surgical in character. Judging from a number of the more recent text books on diseases of women, conditions requiring operation are exceedingly prevalent, while conditions amenable to local treatment apparently do not exist, or at least they are not considered in the text books. Many of our well-known medical teachers and writers go to the extreme of contending that such a thing as medical gynecology does not exist, and that any treatment other than operative is the merest tinkering.

The men who make such claims simply advertise their own ignorance of the resources of modern therapeutics, and, apparently, it has not occurred to them that even at its best, an operation is but the lesser of two evils. While surgery is often of the greatest value in some organic conditions, it is almost invariably worse than useless in functional disturbances.

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Like every line of work requiring a thorough understanding and appreciation of principles, medical gynecology in the hands of the careless and incompetent will inevitably prove disappointing, but in skilled hands will give most satisfactory results. It is essential that the physician has a clear conception of the conditions confronting him as well as a distinct idea of what he expects to accomplish, and the means by which he intends to do it. Guesswork has no place in gynecology, and the gynecologist who "guesses there's something the matter with the womb," and "guesses that maybe a little iodine will fix it all right," has certainly mistaken his calling. No remedy should be used and no line of treatment should be instituted unless there exists a very distinct indication for its employment. The physician who takes into consideration the powerful influence which surroundings, mode of life, food, rest, recreation, exercise, mental conditions, and clothes, have on diseases of women has a great advantage over the one whose resources are limited to the ready made uterine wafers and vaginal suppositories of the manufacturing pharmacist. The knowledge of the fine points of diagnosis and treatment makes the successful gynecologist.

Few gynecological cases can be cured by local treatment alone, and constitutional treatment alone is but little more effective, but by a judicious combination of the two much may be accomplished. The uterus must not be viewed through the speculum alone, but should be considered in its relation to the body as a whole.

As most gynecological patients are anemic. and complain of poor appetite, particular attention should be paid to their diet, and they should be encouraged to eat freely of all kinds of nourishing foods, particularly eggs, meat, as beef and mutton, oatmeal, graham bread, fresh vegetables and fruits. Milk should be used freely at all times, particularly between meals and at bedtime. Condiments, as the various spices, are beneficial, as they stimulate digestion and absorption. Moderate quantities of light wine or beer should be taken with the meals, unless some very positive contraindication exists. Sweets and pastry should be omitted altogether. Many of these patients will object to this diet on the ground that they have no appetite. In such cases continue the diet, and trust that the appetite will develop later. Few American women eat enough proper food, under any circumstances.

Tonics are almost invariably required, especially iron, arsenic, strychnine, phosphorus, quinine, and saw palmetto. Blaud's pills, either alone or in combination, are excellent. Laxatives are often necessary, and the various preparations of cascara sagrada are probably the most satisfactory.

The value of local treatment is often underestimated. A large proportion of gynecological patients have varying degrees of inflammation and congestion of the pelvic organs, combined with more or less displacement or distortion of the uterus and its appendages. In some of these cases an operation would seem advisable, but when the patient will not consent, much may be done, by systematic local treatment, to relieve her, and enable her to continue her ordinary routine duties without interruption.

Under the head of local treatment may be considered the various topical applications, vaginal douches, pelvic massage, and electricity.

Vaginal tampons are used as carriers of medicines, as mechanical supports for the uterus, and for control of hemorrhage. As carriers of medicinal substances, the best tampons consist of a roll of sterilized lamb's wool, one inch in diameter, and about two and one-half inches long, and bound around the middle with a narrow tape, one end of which is left about six inches long. This tampon is saturated with the desired drug, and introduced into the posterior vaginal fornix. Various remedies may be employed, but I have found pure glycerine, boroglyceride, and a ten per cent solution of ichthyol in glycerine the most generally useful. All relieve pain and swelling to a greater or less extent. The ichthyol is objectionable on account of staining everything with which it comes in contact. Where a local astringent is desired, the tampon may be saturated with the distilled extract of hamamelis.

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As a mechanical support the tampons should be introduced dry in such a manner as to form a column in the vagina. In such cases it is advisable to dust the tampons with some mildly antiseptic powder, as boric acid or stearate of zinc and acetanilid, before introduction into the vagina. Tampons may be used in this manner in the gradual reduction of retrodisplacements, and for the support of a prolapsed uterus. It is hardly necessary to mention tamponade for the control of hemorrhage, as the textbooks leave little to be desired in their consideration of the subject.

There is no one agent in the treatment of pelvic inflammation which possesses greater therapeutic value than the hot vaginal douche, if properly applied, or is so entirely worthless if improperly used. The injection of small or moderate quantities of tepid water into the vagina may have a slight cleansing effect, and it may amuse the patient, but it certainly does not affect in the slightest degree an inflammatory process.

The douche is undoubtedly most effective if given with the patient lying down with her hips elevated, though the sitting posture is permissible if the other conditions are carried out. The essential point is the prolonged application of a large quantity of hot water to the entire vaginal surface. The water should be used at a temperature of from 100° F. to 110° F., and should be in contact with the tissues from twenty to thirty minutes, consequently several gallons of water may be necessary. The douche is best administered with a fountain syringe. The soft rubber tube, having been sterilized and lubricated, is introduced well into the vagina, the hard rubber tips present no advantages over the tubing itself, and are much harder to keep clean. With the hard rubber tips there is always a possibility that some of the fluid may be introduced into the uterine cavity, and cause very severe uterine colic.

As the object of the injection is to combat inflammation and stimulate absorption of inflammatory exudates, plain hot water is best, although in many cases common salt, borax or bicarbonate of soda may be added with advantage. If for any reason an antiseptic solution is desired, a one to two hundred solution of lysol is safe, efficient and free from unpleasant features.

The subject of pelvic massage receives but scant attention in this country, yet it is a therapeutic resource of great value, and in many of the European hospitals and clinics is prescribed as a routine treatment for many of the chronic forms of pelvic disease. The theory of gynecological massage is very simple, and the practice very effective. Chronic inflammations are benefited, congestions relieved, adhesions broken up or relaxed, and exudates absorbed as a result of its employment. Uterine displacements are greatly benefited, and prolapsed tubes and ovaries, if not actually restored to their normal position, are at least rendered less sensitive. Chronic tubal inflammations may be greatly benefited. The contraindications are acute inflammation and malignant new growths.

Electricity in gynecology is of much greater value for the relief of symptoms, particularly pain, than it is for the cure of disease. For the relief of pelvic pain, the fine faradic coil is especially useful. One electrode is introduced into the vagina or uterus, the other is placed on the abdomen immediately over the fundus of the uterus. For intra-uterine work both poles may be advantageously combined in one bipolar electrode, as with the bipolar method much stronger currents may be used, as the sensitive skin is not included in the circuit, and the treatment is much less painful to the patient. As the induced current is an alternating current, there is no difference in the therapeutic effect of the two poles.

The patient should be treated every second or third day, each sitting lasting from fifteen to thirty minutes. The electrode should be introduced into the uterus, and the current turned on gradually until the full strength is reached, and at the conclusion of the treatment it should be turned off in the same manner before withdrawal. This treatment has a very good effect in controlling pain due to ovarian neuralgia, abdominal pains in neurotic women, as well as pain dependent upon pelvic inflammations.

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With the various methods and means of both constitutional and local treatment at our command, it is evident that a large proportion of pelvic disorders should be cured without recourse to surgery, and that in many incurable cases where operative treatment is for any reason unavailable, much may be done to relieve the symptoms, and make the patient comfortable.

1013 Venetian Building.

[Written for the MEDICAL BRIEF.]

Episiotomy.

BY GEORGE L. BRODHEAD, M. D.,

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The operation of episiotomy is so simple, so devoid of danger, and so successful in its results, that it is astonishing to note how infrequently it is performed. Many excellent authorities, among them Playfair, Hirst and Williams, do not favor the operation. Lusk, in his text book, "The Science and Art of Midwifery," declared that "it is essentially the operation of young practitioners," but he also stated that when rupture of the perineum seems to be inevitable, the operator is justified in resorting to incisions. Edgar, in his recent text book of obstetrics, states that "the operation is indicated when delivery without severe perineal laceration is deemed impossible," but he believes that the procedure is seldom necessary, better results being obtained by awaiting the natural process of dilatation. On the other hand such competent observers as Jewett and Flint are strongly in favor of the operation in properly selected cases. As Jewett so ably remarks in his "Practice of Obstetrics by American Authors," "episiotomy substitutes for a posterior laceration, which is often difficult of complete repair, incisions through less important structures which can easily and perfectly be closed by suture." Again, in the "American Text Book of Obstetrics," the same author states that "no method yields better results for the ultimate integrity of the pelvic floor than episiotomy, rightly timed and properly executed. The ultimate condition of the pelvic floor after the operation correctly performed, is even better than after many natural deliveries in which the parts escape rupture." The writer has performed the operation a number of times with uniformly excellent results; and by so doing he has saved the patient in a number of instances from extensive laceration of the soft parts. As indications for the performance of the operation, I would mention rigidity of the perineum, so common in elderly primiparæ, edematous soft parts—which, of course, are very easily torn; cases in which large fetal heads are associated with small vulvar outlets; any condition, such as the passage of meconium, for example, or a rapidly failing fetal heart, which necessitates speedy delivery of the head through a small vulvar orifice, and finally, cases in which there is a large amount of cicatricial tissue in the perineum.

We have all attended labors in which the perineum seems about to tear, and by careful manipulation laceration was avoided; but in the presence of just such conditions as I have just indicated, I have seen extensive laceration take place, where, by the simple operation of episiotomy, no laceration would have occurred.

The operation is performed by making two incisions, one on each side, about one-third of the way from the fourchette to the anterior commissure. Good results can be obtained by using an ordinary straight, blunt-pointed scissors; or, if preferred, a blunt-pointed bistoury may be used. The depth of the incisions should be about a quarter of an inch, and the skin should be pulled outward so that the cut will fall in the mucous membrane. In making the incisions the scissors are held in a line parallel to the long axis of the patient's body, in order to avoid cutting downward into the very structures that we desire to avoid. After delivery, the incisions, which are clean-cut, are easily repaired by catgut sutures, and heal readily. Episiotomy has a distinct place in obstetric technique; and in properly selected cases cannot fail to give excellent results.

110 West Fifty-Seventh Street.

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[Written for the MEDICAL BRIEF.]

The Treatment of Chorea.

BY MILTON P. CREEL, M. D.,

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Chorea, while it is one of the most common diseases, is by no means well understood. By this statement I mean that, as a morbid process, its true elements of causation are not definitely known, and no constant lesions are invariably found associated with it in the nervous system. Rheumatism, cardiac disease, and other affections, often precede the oncoming of chorea, but, in many cases, the disease supervenes after the patient has been frightened, and we are unable to ascertain any other factor of causation.

Tanner, in his book on the diseases of children, sums up the treatment of the disease in these words: "The bowels are to be regulated, irritation subdued, and the system strengthened." These patients must have rest, and everything which tends to excite them is to be removed. On the first symptom of chorea, the patient ought to be taken from school and kept as nearly at rest and free from all excitement as possible. When the peculiar muscular movements are severe, the bed must be so arranged that the patient can not injure himself. This can be effected by the arrangement of pillows and bed clothes so that the limbs can not be struck against the furniture. The patient's nutrition must be given the most careful attention. The great muscular activity, of course, increases the tissue waste, and the debility that quickly supervenes in these cases is a factor that has to be reckoned with in an intelligent manner. Milk is an important article, and should be given freely, and other foods which the patient may desire may be given, provided, of course, that they embrace articles of diet that are not difficult of digestion.

Collins very wisely notes the fact that the nutrition of the patient is maintained more easily by the prevention of extreme muscular activity. Of drug treatment, it can be said that one remedy has been used in the treatment of this disease for a protracted period. It can, in fact, be said that arsenic had been the drug which has been more generally employed than any other in the treatment of chorea. That the drug has no specific action we have the statement of Osler, who had deeply studied the disease. The fact stands out indisputably that arsenic, while it exerts a tonic influence, is of no specific value. The fact that the disease is practically uninfluenced by arsenic is, to my mind, a reason why it should not be depended upon.

It is claimed by many writers that it counteracts anemia, and aids the patient by its tonic action, but this result can be accomplished better by other agents. In fact, iron and other agents which correct anemia, are more efficient than arsenic.

In many cases, arsenic will soon establish *edema arsenicalis*, and prove highly prejudicial. Without going into further details regarding arsenic, I can say that it has not proven beneficial as a curative agent in the hands of clinicians who have carefully tried the remedy, and it may effect harmful results. The bowels are to be kept regular by mild cathartics. The salines may be given when the alimentary canal is loaded, but not administered with regularity. Of drugs which aid us substantially in bringing about a favorable result, and in abbreviating the duration of chorea, I may say that bromidia has proven itself the best. The remedy counteracts the tendency to convulsive movements, and enables the patient to sleep normally, and in this manner his strength is preserved, and he emerges from the disease more quickly than when any other agent is employed. While bromidia is depended upon as the agent to counteract those elements of the disease which render it formidable, I administer any other agent which I deem necessary to overcome any concurrent disease or dyscrasia. If there is present anemia, I always give an eligible preparation of iron. If there is any toxemia present, ecthol is to be given until it is no longer in evidence. This principle must be our guide as to the control of such untoward issues as may arise in the course of chorea. Bromidia is given in these cases with regularity. To an adult I have the

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patient take a teaspoonful every six hours, but I direct the nurse not to awaken the patient if he is asleep at the time his medicine is due.

To a child five years, the following prescription will be found a convenient one for the exhibition of bromidia: Bromidia, five drachms; simple syrup, nineteen drachms. I have the patient to take a teaspoonful of this every four hours, but it is to be given with greater frequency if the patient is very nervous, if the muscular movements are active, or if there is experienced any difficulty in getting adequate sleep. Having given bromidia a thorough trial in the treatment of chorea, I am prepared to affirm that it shortens the disease, lessens the tendency to complications, and, as before hinted, the patient recovers in a better physical state than when any other treatment is employed. There is nothing that can so aid these patients as the alleviation of those elements that work the greatest detriment to the patient.

Bromidia lessening the convulsive tendency, and inducing normal sleep, the patient recuperates much of the strength lost in the muscular movements. Often chorea follows in the train of eruptive diseases. In such instances ecthol is to be given through the course of the disease with liberality, since that drug is the best corrective of toxemias we possess, and also because it exerts an action which is inimical to the morbific agent which is present in the blood of patients who have eruptive affections.

It is a well-known fact that one attack of chorea predisposes to another. The writer has in mind at this moment a patient who has had two attacks. But this is by no means an unusual circumstance. A patient should be given careful attention who has had chorea, and on the first evidence of a return of the affection, active treatment should be resumed. Gymnastic exercise should be indulged in with regularity, and the patient's nutrition is to be looked after.

In spring and summer, attacks of chorea are most frequently seen, and parents are to be cautioned about the danger of recurrence, particularly at these seasons.

[Written for the MEDICAL BRIEF.]

Atropine Producing Glaucoma.

BY WALTER E. LAMBERT, M. D.,

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A typical case of glaucoma recently came under my observation, and which was unquestionably due to the use of atropine, justifies, I think, a warning to all of us, more especially to the general practitioner, of the risks attendant upon the use of this drug.

The case referred to when seen by me had come only because the vision of one eye had been practically destroyed. On investigating the cause, she gave the following history: Some few months previously she had had a slight inflammation of one eye, and "drops" were given. The inflammation increased, attended with great pain and severe nausea. In time this subsided, but she found that her vision was practically gone. At the time that I saw her she had not even light perception.

Making an ophthalmoscopic examination, there was found an excessively deep excavation of the nerve—a typical glaucomatous cupping. In questioning her particularly, she said the "drops" given were marked "poison," and she was under the impression that they were called belladonna.

The cause of her blindness was undoubtedly due to an attack of glaucoma, induced, at any rate aggravated, by the unwise use of atropine.

We are all familiar with such cases; they occur all too frequently in the experience of every ophthalmologist.

What advice can we give, therefore, to best avoid such catastrophies? It would almost seem justifiable to say to the general practitioner, never prescribe atropine at all, unless absolutely sure of the indications for its use, and the advice of an ophthalmologist is not obtainable. This, of course, would seem very arbitrary and unfair to the intelligence of the vast majority of general practitioners who are perfectly competent to use this drug in an intelligent manner.

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The danger in young people of bringing about a glaucomatous condition by the use of atropine is, of course, very slight. It is only in the older patients that this risk is very great. And not only is this true in the case of atropine, but to a lesser degree with cocaine, so that we might say, avoid both cocaine and atropine in patients beyond fifty years of age, and always examine the tension of the eye before using either.

Keep your patient under observation while the effect of the drug is maintained, carefully testing the tension of the eye, and should this be increased, a solution of sulphate of eserine should be used to counteract the mydriatic effect.

8 West Thirty-Fifth Street.

[Written for the MEDICAL BRIEF.]

Gall-Stone Disease: Its Diagnosis and Its Treatment.

BY HERMAN E. PEARSE, M. D.,

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The diagnosis of gall-stone disease, *i. e.*, hepatic inflammation of a character that predisposes to the formation of calculi, either in the ducts or in the gall bladder, is not easy; yet if one recognizes the classifications of symptoms that has been worked out, and questions his patient closely and intelligently, he can surely arrive at a fairly positive opinion.

The symptoms are those of:

1. Obstruction.
2. Irritation.

Obstruction Symptoms.—The first is colic. The patient has colic of an excrutiating nature, and apt to be located in the right hypochondrium. Not always, however; the pain may be in the stomach. It is probable that almost every patient "subject to colic" has gall stones. There are other conditions that display the symptom of colic, and which should be excluded in arriving at a diagnosis. Colic occurs from one to twenty times a year in a patient affected with locomotor ataxia, and unless the physician can make proper diagnosis, he is apt to treat it for a case of stomach disease, or a case of gall-stone disease. In almost any standard text book will be found the symptoms of locomotor ataxia. Briefly, I would mention the following tests to which I always subject a patient with recurring colic where the cause is obscure:

1. The loss of knee jerk. If a healthy person places one knee over the other, and allows the examiner to strike the knee just below the knee cap on the patella tendon, the foot will quickly fly upwards; in the case of locomotor ataxia, and a number of other conditions, this does not occur; the foot lies still.

2. The "Argyll Robertson pupil:" If a patient with locomotor ataxia stands facing a strong light, the pupil does not contract when the light strikes the eye. However, if a pencil or other objects be held at arm's length from the patient, and slowly brought toward him while his eyes are fixed upon it, the pupil will contract. This tendency of the pupil to contract upon focal distance, and not to contract from the irritation of light, is one of the strongest signs of locomotor ataxia.

3. Areas of anesthesia. If the patient suffering from locomotor ataxia is stripped and his eyes blindfolded, it will be found that at many points about the body, arms and legs he can not distinguish between a test tube filled with cold water, and one filled with warm water, when applied to the skin, *i. e.*, his temperature sense is lost or impaired. Neither can he tell when a substance like a wisp of cotton is placed lightly against him, *i. e.*, his contact sense is impaired.

4. If the patient stands with eyes closed or blindfolded, and his feet placed close together, he will waver, and unless supported will fall, *i. e.*, his sense of equilibrium is lost.

Any work on nervous diseases will give much more extended discription of this trouble. One should always be on watch for this insidious disease of the spinal cord, in case of a patient suffering from cramps and colic. No operation and no line of treatment does it much good.

The next disease which is associated with frequent attacks of colic is chronic nephritis or Bright's disease. The diag-

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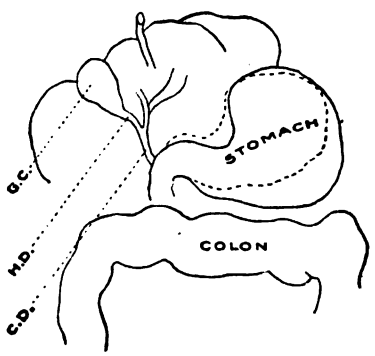
nosis of this trouble is by chemical and microscopical tests of the urine. The attacks of colic "crises" are sometimes frequent and severe.

The third condition giving rise to colic is prolapse of the stomach and transverse colon (known as ptosis), and associated, as a rule, with dilatation. The diagnosis is made by careful physical examination under dilatation with fluid.

All of these conditions should be considered in disposing of the first symptoms of biliary obstruction, which is colic. However, the colic of gall stones is often on the right side only. It is then easy of recognition.

The second symptom of obstruction is tumor. If the obstruction is of the cystic



G.C. GALL CYST OR GALL BLADDER
H.D. LEPATIC DUCT
C.D. COMMON VILE DUCT

duct, the tumor is of the gall bladder. If the obstruction is in the hepatic, or common, duct, the whole liver has an increased area of dullness.

The third is jaundice. This is sometimes sudden and severe, and marks closure of the ducts either from calculus in the gall ducts or from swelling after catarrhal disease. It is particularly valuable as a diagnostic sign when it occurs just after an attack of colic in the right side accompanied by vomiting, so-called bilious colic. It is absent when the cystic duct alone is involved.

Jaundice from inflammation must be differentiated from jaundice from blood disease, so-called hematogenous jaundice, and from other obstruction, such as cancer of the liver, pancreas or omentum, or tumor. Such jaundice is usually slowly progressive and permanent, while jaundice from gall stones is transient and often recurrent.

Irritative Symptoms.—The irritative symptoms, as I have called them, first clearly classified by Mayo (although so far I know this name is original with me) are:

First—A constant tenderness and soreness in the right side, between the tip of the ninth rib and the umbilicus. This corresponds roughly to the location of the gall bladder and the ducts.

Second—A dull aching pain in the region of the liver. It has a tendency to radiate around the ribs, and to the right or left shoulder blade, or both.

Third—A slight sallowness that is worse when the patient "is bilious and feels bad."

Fourth—A gas formation in the stomach, a bloating from slight eating, a "nervous dyspepsia"—about all these cases have gall stones or adhesions from old peritonitis about the stomach and liver. They cannot wear their clothing tight. If women, they wear no corsets—can not wear tight skirt bands; if men, they are prone to loosen the trouser band after even a light meal.

So impressed am I with the value of these dyspeptic symptoms that I will agree to operate upon any five old dyspeptics taken off-hand, and demonstrate gall stones either in the liver or ducts, or gall bladder, or adhesions about the gastric outlet, in three of them. Long continued indigestion without high nervous strain or tension, or stress and without surgical conditions behind it, is a myth in my experience, and I have long been known as a careful student of diseases of the stomach.

A history of typhoid fever or one or more attacks of appendicitis is a strong predisposing cause of gall stones. The finding of a stone in the feces after an attack of colic is final proof of the existence of cholelithiasis, or gall stone disease.

Treatment.—"*When a patient having gall-stone disease comes to a physician

*Ochsner, "Operative Surgery," 1903.

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for advice he should be told that two courses are open to him." The first is palliative treatment by medicines. In these, the phosphate of soda in doses of thirty grains every morning in a cup of hot water, is a favorite. This clears away the inflammatory conditions, and renders the effect of the stone of as little danger as possible. If the stones are movable, and of a size to enter the ducts, or if they are impacted in any of the ducts, there will be recurring attacks in any one of which the patient may lose his life. The medicine best calculated to relieve the cramps is dioscorea combined with an aromatic, and any standard hepatic stimulant gives assistance in preserving the normal fluid condition of the bile. During an attack one must often resort to inhalations of chloroform, and to hypodermic injections of morphine and atropine. No treatment cures the patient except operative removal. The danger of death from shock or peritonitis caused by the presence of the conditions above outlined is many fold greater than the danger incurred when a patient places himself in the hands of a competent operator for relief through surgical operation. No medicine can influence a stone impacted in the common or cystic duct. No medicine can influence a mass of adhesions binding the gastric outlet to the liver. No medicine can influence a mass of calculi filling and blocking a gall bladder. A competent surgeon can remove them safely and quickly when the patient presents himself before septic inflammation has supervened. When, after long delay with dallying medical treatment, or none at all, a purulent empyema or a peritonitis gives the signs of fatal abscess formation, the services of a surgeon are of little avail, and the risk of operation many times increased. Contrast the two following cases, the one suffering long and dangerous delay, the other promptly operated upon.

Case 1.—Mrs. C., of Clinton, Mo., consulted her physician, Dr. Gibbins, with cramping pain coming on at intervals of a few weeks. The pain was in the right side. There was a slight tumor at a point opposite the tip of the ninth rib. This was her tenderest point. There was recurring jaundice, and after an attack of colic the white of her eyes were yellowish. She had a dull aching pain between attacks involving the whole right side, and radiated at times to the right shoulder. She had much indigestion, belching, and gas bloating of the stomach. She was at once informed of her condition, told she had gall stones, and advised to submit to operation. She demurred and sought other advice. She drifted about unable to make up her mind for many months. Repeatedly she returned to Dr. Gibbins, only to be warned again and again of the advisability of operation. At last a violent inflammation of the gall bladder set in quickly, the entire upper abdomen was involved. Reluctantly she asked for operation. I was telegraphed for at noon, and reached her bedside (eighty-six miles away) at nine P. M. There was no chance to operate successfully. Her weakened pulse and pinched face told too plainly the desperate condition. The pulse was one hundred and fifty per minute. The temperature was 104° F. She vomited at frequent intervals. She was in acute shock from sepsis. I declined to operate, as I could hope for no results. I urged her physician to continue his efforts, and stem the current of shock until the patient might rally a bit. Soon after, however, at the pleading of the patient, with a temperature of 104½° F., I operated, removing all pus, and one hundred and twenty-nine gall stones. The cavity was drained, and the whole region under the liver was provided for by drainage through the abdominal wall below the right kidney. She died thirty-six hours later, sinking slowly and steadily.

Case 2.—Mrs. S., of Kansas City, consulted me in April, 1904, as to her condition. She had had a severe cramping colic in the abdomen, and had just recovered from it at the hands of a local physician, who had given her morphine and calomel. She had, she said, suffered from several previous attacks, after each of which she was somewhat yellow. There was tenderness over the right hypochondrium. There was gaseous dyspepsia.

I gave her the diagnosis of gall stones, and advised operation at once. She accepted, and with her husband's assistance, made arrangements at once, and entered

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St. Luke's Hospital just one week after the nature of her condition had been correctly explained to her. On the third day I opened the abdomen,* using a curved S incision at the outer border of the right rectus muscle. The gall bladder was filled with stones. The ducts were quickly examined, and found free from calculi. The gall bladder was then fixed to the bottom of the wound, the peritoneum closed, the gall bladder incised. Six stones were removed, the last embedded in the cystic duct, and a drainage tube left in the wound running down into the gall bladder cavity. She recovered perfectly; has had no trouble since. Her pain is cured, and her sallow complexion has given way to a clear and ruddy one. She no longer has the stomach trouble formerly so annoying.

322 Rialto Building.

[Written for the MEDICAL BRIEF.]

The Use of Nitrate of Silver in the Eyes.

BY FRANCIS VALK, M. D.,

Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital; Ophthalmic Surgeon New York Post-Graduate Hospital; Fellow of the Academy of Medicine; Member of the New York County Medical Society, State Medical Society, Society of Medical Jurisprudence, Etc. New York City.

In the treatment of the various diseases of the eye, nitrate of silver, which is antiseptic and germicidal in its nature, has been used dissolved in distilled water, and applied to the diseased surfaces with a camel's hair brush or cotton swab.

It is one of the best remedies in the hands of the oculist as an astringent and antiseptic application to the conjunctiva and cornea. Here it is too well known almost to need mention, yet this subject is presented not in reference to the use of the drug, but to the solution which I have been using for some years, and with what has seemed to me much better results than other ordinary solutions. Nitrate of silver has been used by the profession for many years, particularly in diseases of the skin, and about twenty years ago Fox and Higginbotham, of England, published their experience of its use in their special work. But in making their solution they incorporated a certain proportion of sweet spirits of nitre. This seemed to have the effect of retarding the deposit of argenti oxide (?) or of organic matter that is so frequently seen in the usual solution of nitrate when found in the physician's office. I have not been able to determine just what chemical action takes place in this solution by the addition of spirits of nitre, but I am inclined to think that the free nitrous acid must have some influence in keeping the solution of nitrate always in a nascent state. That there is much less deposit with this solution, I have frequently noted; and in the treatment of superficial diseases of the eye, this solution has acted far better than the usual preparations.

It may be prepared of any strength of the nitrate by increasing the proportion of the spirits of nitre, that must be added to the stronger solutions. In the eye I have never used a stronger solution than that of one per cent, or five grains to the ounce, in the following formula:

℞ Argenti Nitras.....5 grains.
Spts. Nit. Dulc.....2 drachms.
Aquæ Distillati.....6 drachms.
M.

This solution may be freely applied to the conjunctival surfaces as necessary. It need not be neutralized by solution of salt, and its action must simply be watched as the continued use for a considerable period may produce a slight discoloration of the mucous membrane in the lower fold of the conjunctiva (argyrosis).

In all clinical work the indications for the use of this preparation are numerous. All forms of inflammation of the conjunctival surfaces, from that of the slightest pinkeye to a severe gonorrheal conjunctivitis. This solution may be applied freely, nor have I ever found it necessary to use a stronger solution than that given by the above formula, even in ophthalmia neonatorum with perforation of the cornea. It is applied with a cotton swab, on a toothpick, very freely to the

*The operative technique of operation, the upper right abdomen, was thoroughly described in a paper read by me before the Missouri State Medical Association, May 21, 1904, and published in its transactions.

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[Written for the MEDICAL BRIEF.]

Pneumonia.—In the treatment of pneumonia, I have found creosote beechwood, combined with certain other auxiliaries, to be the most successful of all remedies that I have used in active practice of forty years.

Creosote is eliminated in great measure through the air passages, and being an antiseptic of considerable power, it places the air passages in a condition favorable to the healing process. In a number of my cases treated in this way, I have seen abortion of the disease in the congestion stage. The following is a prescription often made for the first two or three days:

℞ Quin Sulph..... ½ drachm.
Hyd. Chl. M..... 2 grains.
Podophyllin ..... 1-3 grain.
Ext. Aconite..... 2 grains.

M. Ft. Capsules No. 16. Sig. One every four hours.

At the same time I give alternately, midway between these capsules, the following:

℞ Quin. Sulph..... ½ drachm.
Creosote Beechwood.....48 drops.
Heroin Hydrochlor..... 1 grain.
Ext. Euonymi..... 5 grains.
Ext. Hyoscyami..... 2 grains.

M. Ft. Capsules No. 16. Sig. One alternately midway between the other capsules.

For local, use the following, to be rubbed into skin over anterior part of lungs:

℞ Ichthyol .....2 drachms.
Axungia .....1 ounce.
M.

Then an antiphlogistine plaster applied and covered over with cotton batting or absorbent cotton.—J. A. McCallum, M. D., Arkadelphia, Ark.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—You can abort a case of typhoid fever, if seen within three days of the initial symptoms. Put the patient to bed and give in divided doses, during the first twenty-four hours, sixty grains bicarbonate of soda, thirty grains of compound acetanilid powder, twenty grains of quinine and thirty grains of powdered blue mass or calomel (use blue mass if temperature is below 103° F., and calomel if above). Follow this with a brisk saline cathartic. Give plenty of boiled water or milk and nothing else. Wait twenty-four hours, and if symptoms show signs of returning, repeat the course, giving half of this prescription. At the end of this three-day treatment you will find you are master of the situation. Your grateful patient will pay his bill promptly and send for you the next time he gets sick. Don't be afraid of typhoid fever; hit it hard and it will go down.—Robert McConaughy, M. D., York, Neb.

[Written for the MEDICAL BRIEF.]

Toothache.—The following will be found very useful to physicians who are called upon to treat toothache. It will not blister the mucous membrane of the mouth and rarely fails to stop the pain:

℞ Phenol .....1 drachm.
Ol. Gaultheriæ .....2 drachms.
Ol. Cinnamoni.....3 drachms.

M. Sig.: Saturate a pledget of cotton and insert in the well cleansed cavity of the tooth.

—Geo. R. Pennington, M. D., West Alton, Mo.

[Written for the MEDICAL BRIEF.]

Rheumatism.—In treating this affection, effervescent phosphate of soda, one heaping teaspoonful dissolved and taken in one glass of water three times a day, and manaca and lithia comp. elix. (Tilden's), one teaspoonful every four hours, has given most gratifying results. It will cure almost all cases, both acute and chronic, if followed up with care. Five to ten grains Dover's powder, at night, is helpful in chronic cases with this treatment.—J. E. Prather, M. D., Winchester, Ill.

[Written for the MEDICAL BRIEF.]

Hernia.—Being called to a neighboring town to see, with the attending physician, a case of strangulated hernia, in which the attendant had made effort at taxis with hips elevated, after application of ice, both with and without chloroform, the thought occurred to me how essential it is that every practitioner, whether he does general surgery or not, should be familiar with the technique of the Bassini operation. The proportion of the male population afflicted with hernia being so great that any moment may bring to us a call with which temporizing means death to the sufferer. When operation must be resorted to, other efforts failing, be prepared to do the radical operation,

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and not only relieve, but effect a permanent cure.—A. R. Ray, M. D., Fairfield, Neb.

[Written for the MEDICAL BRIEF.]

Chronic Pelvic Peritonitis.—To the average, busy, general practitioner, who is called upon to treat an affection of this character, the question of securing the proper remedies is often an important one.

In this connection, I wish to call attention to a remedy which I have used with invariable success, and that is tr. iodine.

In order to derive full benefit from its use, it should be applied freely and repeatedly, covering the entire lower abdominal region. As rapidly as the skin peels off, it should be reapplied.

The rapidity with which the inflammatory process subsides, upon the exhibition of this remedy will often astonish, as well as gratify, the physician who has recommended its use.—H. A. Russ, M. D., Hillsboro, Ohio.

[Written for the MEDICAL BRIEF.]

Uterine Complaints.—Every physician meets with them daily in the form of leucorrhea, dysmenorrhea, amenorrhea, endometritis, etc. All are easily cured if properly treated, and the attendants, nervous prostration, headache, backache, aching groins and thighs, irritable bladder, etc., quickly relieved and the blessings of a grateful patient lavished on her doctor. How? The liver must be kept in order, the stomach toned and bowels moved daily. Do this with ten to thirty drops of equal parts of fl. ext. wahoo and cascara sagrada per die at meals. No substitute will do. Give epsom salts on rising two days in a week. Cases with leucorrhea, douche the vagina every night with a gallon of hot water slowly pumped against the uterus, and after retiring, patient to insert a glycerine saturated cotton ball, size of an unhulled hickory nut, pressed with the fingers tight against the uterus. Remove next morning and to facilitate, the cotton ball should be tied and the ends of the thread to hang without. Douche again with hot water and at the close inject two or three syringefuls of strong alum water. Repeat this treatment until patient will not know by her feelings that she has a womb; the headache, backache, leucorrhea all gone, and she feels as light as a feather below. Give at same time tablespoonful of the following four times daily:

℞	Aletris Cordial Rio.....1	ounce.
	Celerina 1	ounce.
	Fl. Ext. Blue Cohosh.....1	ounce.
	Fl. Ext. Bk. Haw.....1	ounce.
	Fl. Ext. Colorless Hydrastis.. ½	ounce.
	Tr. Belladonna 1-8	ounce.
M		

—J. W. Sanders, M. D., Bogue, N. C.

[Written for the MEDICAL BRIEF.]

Tetanus.—Successes recently reported in treating tetanus with antitetanic serum indicate that we have a surer means of combating this disease than we had thought. Sub-cutaneous injections of the serum are of practically no value in a case developing within ten days from original injury. Put injections into the sheath of the nerve supplying the injured part, or into the spinal cord itself, counteract the poison which is being absorbed and carried to the central nervous system. In a recent case, developing seven days after the injury, twenty c.c. of antitetanic serum were injected into the spinal cord by lumbar puncture, and twenty c.c. into the sheath of the sciatic nerve. The latter injection was repeated on the following day. Convulsions, frequent and severe, were controlled by morphia. The patient made a good recovery. —Arthur Leland Smith, M. D., New Brunswick, N. J.

[Written for the MEDICAL BRIEF.]

Barber's Itch.—In barber's itch we often find a very perplexing skin disease. When in a severe form, it has often bothered the minds of many physicians for a long time before effecting a cure.

For a number of years past I have had no difficulty in curing it in a very short time by the following method: First, soften the crusts with peroxide of hydrogen, full strength, to remove as much pus as possible. Then cleanse the parts well with water and tar soap, rinse and clean with sterilized normal salt water—dry the parts and apply with a brush, mur. tinc. of ferri to all of the diseased parts. This

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mode of treatment, applied once a day for three days in succession, will usually effect a cure. This mode of treatment can be used with good results in pruritus ani. Dilute the tinct. of iron when necessary. (This may benefit some specialist in skin diseases. If so, I would be glad to hear from it, for it is original with me as far as I know.)—W. K. Smith, M. D., Laharpe, Ill.

[Written for the MEDICAL BRIEF.]

Pleurodynia.—Neuralgia, intercostal or trifacial. An efficient application, which in no wise prevents more radical local treatment subsequently and is followed by great relief, is:

℞ Iodoform .....1 drachm.
Collodion .....1 ounce.

M. Sig.: Apply to affected parts with a brush by successive coats and at short intervals until a thick plaster is produced.

This application is also of great benefit when applied to enlarged glands, giving marked anodyne effects and at the same time producing moderate compression.—F. B. Smith, M. D., Frederick, Md.

[Written for the MEDICAL BRIEF.]

Bronchitis in Infants.—

℞ Castor Oil... } equal parts.
Syr Ipecac... }

M. Sig.: Five drops every two hours for three days, using less if it nauseates.

This has stood the test, but do not use it for over three days. By that time the child will be so far improved as not to need it, or if not, other remedies should take its place.—L. G. Verrill, M. D., Rochester, N. H.

[Written for the MEDICAL BRIEF.]

Psoriasis.—The owner of an X-Ray apparatus (and all well equipped offices must contain one) has at hand the only treatment for psoriasis that will permanently cure this disease. In conjunction with the X-ray, use ointment compounded as follows:

℞ Chrysarobin ..... 1 drachm.
Ac. Salicylic (Merck).....48 grains.
Petrolati ..... 6 drachms.
Lanolini .....10 drachms.

M. et Ft. Ung. Sig.: Apply each night to part last exposed.

Divide diseased area into sections and expose each section three or four times in succession. Use soft tube, distance from surface two to four inches, ten minutes every other day. Systemic treatment—general tonic containing Fowler's solution of arsenic. This treatment has not failed me during four years. Cases have resisted all other treatments and yielded to this method, even those known as psoriasis universalis.—George A. Tolman, M. D., Dover, N. H.

[Written for the MEDICAL BRIEF.]

Puerperal Eclampsia.—When I first began practice, my cases of puerperal eclampsia were common enough. In the last ten years they have been very rare. My treatment is mostly preventive. During the last months of pregnancy the patient is instructed to keep the bowels regular and to take, if there is any swelling of the feet, a teaspoonful of cream of tartar in a wine glass of water three times a day. At the beginning of labor, if the bowels are constipated, enemas are given at once until free evacuations are secured. If there is nervousness or premonitory symptoms of convulsions, morphia, one-fourth to one-half grain combined with chloral, is given until the symptoms subside.—M. L. Winstead, M. D., Wetaug, Ill.

[Written for the MEDICAL BRIEF.]

Myoma.—A case of submucous myomata of the womb, which came under my care some weeks ago, is worthy of note because of its clinical history. Patient, aged thirty-seven, mother of five children, all fairly well nourished. Patient decidedly anemic and had paroxysms of nervous bearing down pains, as she called it. These were exacerbated on motion, occasionally, by intense paroxysmal pains commencing in the uterine region and shooting through the loins and pubes and down to the thighs. On a vaginal examination, the cervix and the body of the uterus as far as could be reached were found hard and the womb was about equally enlarged. Through the speculum the cervix appeared tense, swollen, shining and of a deep red color. On passing the uterine sound, I discovered a growth which was pedunculated with a broad base to the posterior wall. Giving an anesthetic, the cervix fully dilated, I

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found, on inspection, a highly vascular submucous myomatous tumor which was quite soft. I could not extirpate it with a knife or snare, so I resorted to curetting the part thoroughly, which set up quite a hemorrhage, which was immediately stopped by applying adrenalin chloride solution. I confined the patient to her bed in a dorsal position and gave her a general tonic and one-half drachm fl. ext. ergot three times a day for three days. On the fourth day, I repeated the operation of curettment. The hemorrhage was checked by hot antiseptic irrigation followed by application of adrenalin chloride; then I loosely packed with sterilized gauze. Patient again placed in bed and continued the general tonic and gave fl. ext. ergot in half drachm doses four times a day. On the fifth day patient complained of several severe uterine pains, when she passed into a state of syncope lasting about half an hour. On examination I found the uterus had expelled the remaining part of the tumor, which was about the size of a hen's egg, and had a marked degenerative change and was about ready to slough off. It was expelled by the uterine contraction caused by the ergot. The patient has since entirely recovered.

Patient's mother died at the age of thirty-six—also a sister about the same age, of a uterine tumor, after suffering for years similar to patient. This shows a predisposition to inherit such insidious growths as submucous myomatous tumors. Kindly let me hear from any of the profession who have had experience with such growths.—F. Yonkers, M. D., Holland, Mich.

[Written for the MEDICAL BRIEF.]

Oil of Hyssop.

BY ANNIE K. BAILEY, M. D.,
Danbury, Conn.

The pure imported oil of hyssop may be obtained of Fritzsche Brothers, 37 Barclay Street, and 42 Park Place, New York City, N. Y., at the price of $1.25 per ounce.

[Written for the MEDICAL BRIEF.]

An Unique Angio-Neurosis (Garden Plant Poisoning).

BY EDGAR H. NICHOLS, M. D.,
Savannah, Ga.

The accompanying photographs, taken by the writer, illustrates a severe inflammatory condition of the body surface, from scalp to toe; this disorder of the skin is superinduced by a severe disturbance of the vaso-motor system, poisoned by contact, and probably through the broken skin, with the milky juice secreted

Anxiety on Face from Nervous Suffering.

by the common garden plant: "Snow on the Mountain," or, botanically, *Euphorbia Marginata*, a genera of six hundred temperate and torrid zone plants, blossoming until late summer, known in South Germany as *Wolfmilche*.

This violent angio-neurotic irritation or hypertrophy edema, singularly unique, is

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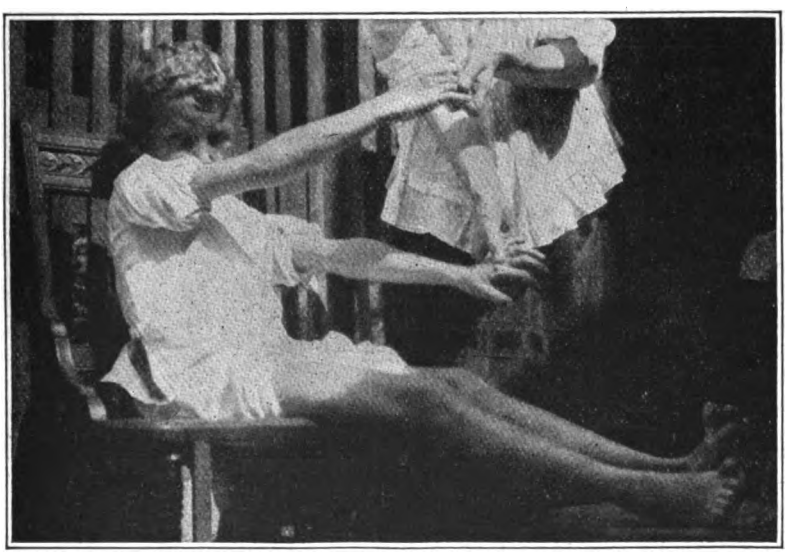
ushered in by a feverish condition, developing purplish and crimson-hued

Wheals on the Legs First Eighteen Hours. The Bush Which Poisoned the Boy.

wheals, fancifully figured, in *bas relief*, over the body. Subjective sensations of



Extensor Surfaces in Wheals.

burning, itching, with tightness of integument. This condition, constantly changing, but increasing in severity for twenty-four hours, when the swelling seems unbearable. Pulse quick, rapid, and irregular; quivering of the lips and tips of the fingers. Body very hot to the touch; temperature 102° F. A bright red hyper-

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emic halo of an oval appearance is seen here and there.

This eruption does not come and go, as with gastro-intestinal disorders, nor does it confine itself to the flexor surfaces as the familiar forms of urticaria do. The photos will show the extensor surfaces involved. The color also is purplish, not mottled-white and pink. After the worst,

Eighteenth to Twenty-fourth Hour, All Swollen.

on the disappearance of the wheals the fever leaves, but some hours elapse ere the swelling and crimson red fades out. The mucous surfaces of throat are irritated and red, as well as interior of ears. There is no peeling as in other erythemas. There was especially an anxiety about the expression which the portrait depicts. An adult lady, in which the eruption and swelling was confined to face, neck, chest, hands and arms; no solution of continuity. A baby girl of eighteen months, confined to the bed from excessive systemic disturbance. A boy of nine, from whose case the photographs were secured, being the worst in every manifestation; he had a severe outbreak of ground-itch upon both feet, the sores of which conveyed the poison into the circulation. Our florist, Mr. Wolf, informs the writer that he has been poisoned three times with this shrub, only once being severe, and a cut upon the hand existed at that time. This venomous fluid exists in all the Spurge family. The wheal is rare outside of urticaria. The bush yielding this venomous juice is two feet high, fifteen inches broad upon its flat top, clothed in bright foliage, leaves green, margined with silvery white. Its branches give out cup-shaped involucre in lieu of petals; punctate spots of greenish yellow tipped in white abound. A non-alkaloidal milk poisons men and animals, through a depraved vaso-motor irritation, lasting forty-eight hours. A one to three hundred strength solution of white crystallized carbolic acid constantly applied, coupled with ten

Wheals on Back.

grains sodium bromide in milk of magnesia (iced) every two hours, relieved distress, and gave good conduct to a happy issue.

126 Oglethorpe Avenue, East.

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[Written for the MEDICAL BRIEF.]

The Principles of Medical Ethics; or, What Fools we Mortals (Would) Be.

BY B. M. JACKSON, M. D., LL. B.,

Omaha, Nebraska.

"How a rational man that should inquire and know for himself can content himself with a faith or belief taken upon trust, or with such a servile submission of his understanding as to admit all and nothing else but what fashion makes passable among men, is to me astonishing."—LOCKE.

We have all read something about "The Ideal Physician," "The Physician Himself," "What a physician ought to know," etc., etc., but how many of us have read, understandingly, "The Ethics of a Physician?" We hear physicians allude to "ethics," "ethics," and nothing but "ethics," yet, how many physicians understand what a code of ethics is, and its purpose? A "code of ethics" is a set of rules drafted by a committee, and adopted by the members of a particular association for the government of its members. In most associations there are few members present when a "code of ethics" or "by-laws" are being adopted, nevertheless all members thereof are bound to abide by the instrument. Should a member be opposed to a particular section of the "code," or "by-laws," he may have it amended or repealed, and if neither is possible, resign his membership. Individuals who have never been members, or those who have resigned their membership, even though they may be of the same profession, or pursue a like business as the members of the particular organization which adopted the "code of ethics" or "by-laws," are not bound to abide by them. It happens, however, that some men form associations, draft "codes," "catechisms" or "by-laws," and insist, in fact, adopt all kinds of tyrannical methods, and resort to the most diabolical means, compelling non-members to abide by them, *nolens volens*. There are many instances of this kind, but the most noted in the annals of history are (1) religious associations of all denominations, (2) kings of all nations, and the more recent trades unions, and the American Medical Association. We shall concern ourselves with the American (?) Medical Association and its "by-laws," or "The Principles of Medical Ethics." Please bear in mind, that this document has been adopted by an association to which I, and possibly you, do not belong for reasons best known to ourselves.

However, the association insists, and some of its members resort to all kinds of diabolical and tyrannical methods, chiefly "laws," the "blacklist," and calling us "names;" hence, we shall analyze at least a portion of these "ethics" for the purpose of showing that they have been gotten up by a few "egotists" in order to bulldoze, intimidate and frighten us like children.

CHAPTER II.

THE DUTIES OF PHYSICIANS TO EACH OTHER AND THE PUBLIC AT LARGE.

ARTICLE I. Duties for the support of professional character.

SECTION 1. Everyone on entering the profession and thereby entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness. * * *

Do the members of the association itself conform to the above? If so, why have they passed "laws" which do not recognize a physician as competent when removing from one State to another? It says that "everyone on entering the profession is entitled to full professional fellowship." Is fellowship accorded to him when he is asked to pay from ten to fifty dollars, and pass an examination, or kowtow, in addition? Does fellowship mean to hold up for money and impose on one another?

SECTION 2. The physician should observe strictly such laws as are instituted for the government of the members of the profession; should honor the fraternity as a body; * * * and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement (the science of medicine).

In other words, if a few members of the association prescribe a "rule," the members of the profession, not the members of the association itself, must abide by it *nolens volens*. Can anyone conceive of a more tyrannical assumption of authority? The wonder is that the majority tolerate it, instead of compelling these "egotists" to back water. You will also notice that all seniors in the medical profession are not entitled to respect, but "those who, by their labors, have contributed to the advancement of the sci-

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ence of medicine." It does not specify, however, by what color or form of label they may be distinguished, hence those who have not (?) contributed may sometimes be accorded respect, which, of course, is their good luck. Talk about egotism! The word does not express all.

SECTION 3. Every physician should identify himself with the organized body of his profession as represented in the community in which he resides. * * *

The other day I happened in the office of a friend who shares his office with a "holier-than-thou," and while waiting for my friend, the "egotist" says to me, "Doctor, why don't you and every physician join the medical society in order that we may drive the quacks from our State?" Says I, do you suppose they can be driven out? Says he, "Of course." Says I, how? "Why," says he, "in union there is strength, and if all the physicians were members of the society, we could compel the legislature to pass laws which will drive them out." Says I, Doctor, are you familiar with history? Says he, "Damn history." Says I, Doctor, perhaps we may damn history, but in all sincerity, I ask this question: Suppose that the quacks, by which you mean physicians who do not believe in your code of ethics, christian scientists, osteopaths, vitopaths, psychopaths, spirit healers, etc., etc., etc., get together and overwhelm the legislature to give them legal standing, what then? Says he, "They can not succeed in the face of our opposition." Says I, Please acquaint yourself at least with the recent history of osteopathy, if you care not about any other kind, notably that of tne inquisition, witchcraft, homeopathy, eclecticism, physio-medicalism, etc. Says he, "Do you know that the best men in the profession belong to the association, and those who are not members may be justly considered the scum of the profession?" Says I, Thanks for the compliment; but, pray, do you know that the best (which I infer from you to mean, the professionally and politically "best") men in the profession, are not necessarily the best thinkers, nor the most unselfish, nor the most altruistic? Says he, "Well, you and I will never agree." Says I, Of course not. Here was a physician who knew absolutely nothing about history, and cared less for the law of action and reaction, yet he professes to be a "holier-than-thou." Awhile ago, the writer received a letter from a prominent physician in which he informed me that an "organizer" of the A. M. A. wrote to him as follows: Every association is run by a few workers. That's the secret in a nutshell. "A few workers" form an association, and everybody should join in order to be "worked." The gentleman unconsciously gave away the secrets of the "workers," of which he was one. It is a pity that every physician does not join that he may be "worked." For the information of those who do not know how it happens that associations, as a rule, have "workers" who work its membership, I beg leave to say, the membership of almost every organization consists of three classes: (1) members whose main object is to "work" their co-members, (2) members who try "to get in" that they may "work" them, and (3) members who are honest, sincere and with most altruistic intentions, but indifferent. The latter constitute the great majorities, but the reason why they belong to any particular association, and allow themselves to be "worked" is inexplainable. A prominent physician says, "because they are constantly kept under a hypnotic spell." It may be so. Can anyone suggest a different theory?

SECTION 4. All county medical societies thus organized ought to place themselves in affiliation with their respective State associations, and these in turn with the American Medical Association.

Suppose every American citizen should make up his mind to become a republican, how long would this country remain a republic (at least in name, as it now is)? I fear that the "workers" would not even wait until the little Tsar, who has just arrived into the world, becomes of age. The "workers" would constitute themselves as "regents," who would "work" their co-members, or subjects, until the little Tsar became of age to "work" them himself. If the American Medical Association is not run now, for, by and in the interest of the medical profession when it has only about ten per cent of the medical profession as members, how about if every physician were a member thereof? We should then have to read only the journals which the association

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publishes; we should have to buy our books, drugs, instruments, etc., from the houses which advertise in its journals; we should also have to prescribe what the association directs, and behave ourselves according to the rules laid down by the "workers;" we should, perhaps, have to report the amount of our respective incomes, and possibly contribute to some specially designated fund by the "workers," a part of our incomes, etc., etc. This would, indeed, be socialism; but unlike socialism, wherein everyone is supposed to receive "share and share alike," only few ("the workers") would benefit.

In a letter dated August 19, 1904, the manager of the subscription department of the A. M. A. writes: "We want you to feel that the journal is published by, for and solely in the interest of the medical profession. He evidently had forgotten the immortal Lincoln's saying, "You can fool some people all the time, most people some time, but not all the people all the time." The truth is, that no member of the A. M. A. can get a hearing through the journal if his sentiments are at variance with those of the "workers." Prominent members of the A. M. A. have even been dropped from membership for asserting the privileges of their ("What fools we mortals be") journal. Can any sane physician conceive a journal as being published for, by and in the interest of the members who (think) they own it when the privileges thereof are denied them? Not much. A member is supposed to pay his dues and ask no questions. And if the journal, the principal asset of the association, is not published for, by and in the interests of (even) its own members, is the association run for, by and in their interests? Think it over.

SECTIONS 5 and 6. These two sections are not important, hence we shall pass them.

SECTION 7. It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish causes or operations in the daily prints or to suffer such publications to be made.

In an editorial on "Medical Ethics," which appeared in the St. Joseph (Mo.) *Gazette*, November 5, 1903, among other things, we read the following: "Artful physicians have evaded these so-called ethics in two ways. One class has ostensibly submitted to their professional ethics, and obtained free newspaper advertising through the news columns of the press. Less subservient physicians have defied these ethics, and have boldly advertised their business. The great body of medical men have been satisfied to go on through life, slavishly devoting themselves to their profession, while their more fortunate brethren have built up 'vulgar' fortunes and great names." Pray tell, if artful physicians build fortunes and great names by means of free advertising in the public press, why may not unartful ones, that is, those who are frank, sincere, and pay for advertising, build up a small practice by means thereof? It is a positive fact that the free advertising of the "artful" yields them greater returns and carries greater prestige than the paid-for advertising of the "unartful." Why is the former a respectable one, and the latter a "quack?" The writer happened to be in Chicago when a distinguished individual was about to operated for appendicitis, and every Chicago newspaper published whole columns for many days, giving the names of the ("artful") surgeons who were going to operate, their personal statements how they were going to do it, and after the operation their opinions regarding probable recovery, etc., etc. I was wondering at the time how many hundreds of dollars the (artful) surgeons paid for the write-ups, and according to the St. Joseph *Gazette*, they got them for nothing. A cinch, sure! In fact, every time some distinguished patient is being attended by some distinguished (artful) physician, their names are published far and wide. Yet, these men would have physicians believe that those who insert and pay for advertising are "quacks." They may be fools for not being "artful," and obtain the advertising free, but why "quacks?"

SECTION 8. It is equally derogatory to professional character for physicians to hold patents for any surgical instruments or medicines, * * * or to dispense or to promote the use of secret medicines, for if such nostrums have real efficacy, any concealment regarding them is inconsistent with beneficence and professional liberality. * * * It is highly reprehensible for physicians to give certificates attesting the efficacy of secret medicines, or other substances used therapeutically

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Is there anywhere a medical author who did not himself, or had his publisher, copyright his work from which he derived a revenue in the form of royalty? In other words, has any medical author ever written a book and given permission to everyone to republish it free of charge? Not much, they don't. Why, then, may not a physician patent a surgical instrument or medicine of his own invention, and ask for a royalty? Is not a medical work "for the beneficence of the medical fraternity," hence is the latter not entitled "to professional liberality," as is claimed from surgical instrument and medicine inventors? Why are authors exempted from this beneficence and liberality? Is it because authors write books, hence they have no time to invent instruments or medicines, and they want to get "something for nothing?" What else can it be? Is not good for the goose what is good for the gander? Now, as to giving certificates attesting the efficacy of medicines. If it is derogatory to professional character to give certificates (which are intended to call the attention of physicians to their intrinsic value lest they may try them, and find out for themselves) why is it not equally derogatory for the "official" organ of the A. M. A. to publish nostrums which gives them an appearance of respectability? Is it another case of what is good for the goose is not good for the gander? Is the A. M. A. afraid, perchance, a certain medicine will be introduced to the medical profession by means of certificates instead of its "official" organ, hence it will lose revenue? What else can it be? Why may not a physician say, I have tried ovo-ferin, or seng, or uriseptin, or Buffalo litha water, or tongaline, or any other medicine, and found it satisfactory in such and such a case? How are medicines known to work one way or another except from reports, or certificates? I fail to comprehend why it is respectable to advertise it in a journal by means of an article and not respectable to give certificates, do you?

I shall pass over the succeeding articles and sections, and examine

ARTICLE SIX.

SECTION 4. It is derogatory to professional character for physicians to pay or offer to pay commission to any person whatever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions.

This particular section is a "corker" (pardon me for using a slang word). When I read and re-read this section, I wonder if two physicians will ever agree; and, why they can not agree even in matters of business has ever been a mystery. In the first place, it is astonishing to see the number of cases sent to "specialists" by physicians who, if they used a little common sense, would be the beneficiaries themselves. But inasmuch as they have been educated not to know "which side of their bread has the butter on" (a phrase often used by an esteemed gentleman, Dr. ———, of Chicago) why should they not be given a little bread, at least? In no other profession is such sacrifice expected. A "little fellow" in any other fraternity, would no more send a case to a "big one" without knowing in advance his share than he would fly in the air. Why should it be different in the medical profession? Perhaps the only reason is, that a lawyer, for instance, dabbles constantly with facts, hence knows which side of his bread the butter is on; while physicians dabble largely with theories, hence do not know. The "holier-than-thou" wants to "live on the sweat of the little fellows' brow." If this is not the reason, what is it? I have examined enough of the "precious" document, hence I shall ignore the rest of it. What I am most anxious to know is this: Are physicians so lacking in common sense that they have to be dictated how to conduct themselves, what they shall do and what they shall not do, what is good for them and what is not good for them, what their duties are and what are not? Does a physician really need a "guardian" or a set of "guardians?" I would feign believe that. Besides, are we living in an age when a few men can use the "law," and the blacklist as the inquisitors used the thumb-screw, and the rack, and many other devilish instruments during the dark ages, in order to compel their fellowmen to believe or be damned? If such is the case, I am sorry that this is called an age of civilization.

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I am aware that intellectual evolution is a slow process; but, I dare not believe that men have not made intellectual progress during five hundred years. Let me tell you, gentlemen, if you do not "turn out the politicians" from your ranks, you will have cause to regret it. Don't be afraid to do it. Do not be afraid to speak up for your political and professional rights. No man in the profession is good enough to have the upper (political) hand over you and your welfare. No man is your friend who keeps you enslaved or wants to enslave you. Remember that the two greatest intellectual giants of modern times—Spencer and Emerson—had no use for "reformers;" and, what they had no use for, we, in our humble intellectual state, should have the less use for them. Especially when a man, or a few of them, appoint themselves "guardians" over you, they have designs on your welfare.

The best informed scientific men in our profession are those who have enjoyed the fullest liberty. No one can develop intellectually who is constantly imposed upon, and in fear lest he may be deprived of his rights for the smallest infraction of "rules?" A physician was fined fifty dollars for not recording his license with the county clerk. Is this the liberty for which our ancestors sacrificed their lives, and which you would bequeath to your offspring? Was it for the benefit of the public? Is it good for the profession to oppress one another in this shameful manner? Ask any intelligent layman what he thinks of physicians' conduct toward one another, and he will reply, "they choke one another, and cut their own throats."

It is true, gentlemen, alas! and all because of the existence of politicians in our midst. The best thing we can do to save ourselves is to tell them to go to work and struggle for an existence, as the rest of us do. Don't be afraid of them. They will oppose you, they will oppress you, they may even revoke your license. Let it matter little to you. Freedom and independence are worth any price. They have slandered us, they have oppressed us, they have (morally and from the standpoint of fellowship) blackmailed us long enough. Let them back water, and go to work henceforward. Enough of them. It took them over ten years to get us into the present mess, let us get rid of them in ten days, if possible. The sooner the better. Don't be afraid that the medical profession will degenerate. It can, and will, make greater progress without politicians in its midst. The moment "politics" are on the program of any organization, that organization is bound to degenerate. Education and not politics has redeemed, and will redeem mankind from ignorance and slavery. Don't let sophistry and promises of a "hereafter" delude you.

"Behold the child, by Nature's kindly law
Pleased with a rattle, tickled with a straw;
Some livelier plaything gives his youth delight,
A little louder, but as empty quite;
Scarfs, garters, gold, amuse his riper stage,
And beads and prayer books are the toys of age;
Pleased with this bauble still, as that before;
Till, tired, he sleeps, and life's poor play is o'er."
—POPE.

DON'T BE A CHILD.

311 Ramge Block.

[Written for the MEDICAL BRIEF.]

The Morphological and Psychophysical Intrinsicalities of the Negro Race.

BY N. B. HERRING, M. D.,
Wilson, N. C.

(Continued from page 995.)

A people who have lived under one nationality for five thousand years and never invented an alphabet, can never appreciate the value of letters, and when, by the efforts of misguided philanthropy such a dangerous donative is bestowed upon such a people, we have a condition truly expressed by Governor Vardaman in his inaugural address to the Mississippi Legislature of January 19th. In his discussion of the Negro question. Governor Vardaman said:

"As a race he is deteriorating morally every day. Time has demonstrated that he is more criminal as a free man than as a slave, that he is increasing in criminality with frightful rapidity, being one-third more criminal in 1890 than in 1880.

"The startling facts revealed by the census show that those who can read and write are more criminal than the illiterates, which is true of no other element of

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our population. I am advised that the minimum illiteracy among the Negroes is found in New England, where it is 21.7 per cent. The maximum was found in the black belt—Louisiana, Mississippi and South Carolina—where it is 65.7 per cent. And yet the Negro in New England is four and one-half times more criminal, hundred for hundred, than he is in the black belt. In the South, Mississippi particularly, I know he is growing worse every year. You can scarcely pick up a newspaper whose pages are not blackened with the account of an unmentionable crime committed by a Negro brute and this crime, I want to impress upon you, is but the manifestation of the Negroes' aspiration for social equality, encouraged largely by the character of free education in vogue, which the State is levying tribute upon the white people to maintain.

"The better class of Negroes is not responsible for this terrible condition, nor for the criminal tendency of their race. Nor do I wish to be understood as censuring them for it. I am not censuring anybody, nor am I inspired by ill-will for the Negro, but I am simply calling attention to a most unfortunate and unendurable condition of affairs. What shall be done about it?

"My own idea is that the character of the education for the Negro ought to be changed. If, after years of earnest effort and the expenditure of fabulous sums of money to educate his head, we have only succeeded in making a criminal out of him, and imperilling his usefulness and efficiency as a laborer, wisdom would suggest that we make another experiment, and see if we can not improve him by educating his hand and heart. There must be a moral substratum upon which to build, or you can not make a desirable citizen."

Governor Vardaman recognizes the "fundamental evil of the Negro condition," which, instead of being ignorance, is the absence of a "moral substratum," and the prominence of those anatomical, physiological and psychical principles inherent in the Negro constitution, tending to an overgrowth of vice rather than virtue. In educating the whole man, these vicious proclivities flourish in the barren soil of his sluggish brain, and choke out the more gentle inclinations which tend to the making of a good citizen. These unpalatable truths are forcing themselves upon the attention of the Northern people, and the Negro is already teaching them a lesson, valuable in the end but costly.

The Philadelphia *Press* prints extracts from a sermon preached in that city on Sunday, January 31st, by Rev. I. P. Tyler, Rector of the Protestant Episcopal Church of the Advent, which, the *Press* says, "Sounded a note of emphatic warning to the people of Philadelphia. Mr. Tyler has made a study of the Negro problem, and handled the subject eloquently and without gloves." Here is a portion of what the Rector said:

"The Negro problem, serious as it is, must soon be fairly met by the people of the North, especially the people of Philadelphia. I can say that the question has grown to be a most alarming one.

"Philadelphia to-day has a Negro population of eighty thousand, and there are from five to six thousand Negroes coming to this city from the South every year. And those Negroes belong to the very worst classes in the Southern States. (The reverend gentleman almost repeats the words of Governor Vardaman.) Now, what are you going to do about it?

"I am thoroughly in accord with the views of our judges who give these Southern thieves and burglars the maximum punishment, for that is what they deserve.

"You can not transgress the laws of God unless you suffer the mental anguish and physical pain which must necessarily follow. There is no commutation of this punishment, and there should be no commutation or sympathy offered to these vile wretches—animals—which attack our dear ones on public highways, and steal and murder.

"The people of the North have, therefore, a tremendous task before them. They have made a serious mistake in saying that the Negro is the equal of the white man. He is not the equal of the white man, and he has found this out in Alabama and Georgia and other Southern States. In those States the people have shown the Negro his place, and he has to do what he is told. It is when he does

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not like the restrictions placed upon him there that he comes up here and transgresses our laws."

Here is preaching to contrast with Beecher's and Ingersoll's. The change would make Charles Sumner and Robert Toombs turn over in their graves, and this change is but the beginning of what is to come.

The prophecy of old is equally applicable to the present condition of affairs. The prophetic vision of Jeremiah enabled him to see the impending holocaust which was inevitable to the sinful and unrepentant Jews, and his wail of anguish ended with the very question put by Vardaman, of Mississippi, and Tyler, of Philadelphia:

"A wonderful and horrible thing is committed in the land:

"The prophets prophesy falsely, and the priests bear rule by their means; and my people love to have it so; and what will ye do in the end thereof?"

The answer is easy: the Negro will be sacrificed. Christian civilization has never yet stopped man from shedding man's blood, and with a little more schooling by the "animals" from the South, the city of brotherly love will light the torch and kindle the flame of persecution, and their consciences will tell them that they had taken a viper to their bosoms.

The Negro, in my opinion, is in a more precarious condition now than ever before since his introduction upon the American continent. His old friends in the South are rapidly dying out, and his new friends of the North are just beginning to find him out. His unquenchable desire to rape white women has made the white man his enemy throughout the land, and his impudent demands for social equality have erected a wall of adamant between the races. The educated free Negro is a totally different being from the old-time slave. He is in a youthful state of existence, and maturity profits him nothing. Experience teaches him little, and his manhood is a repetition of the follies of youth. He would be on top without the painful process of going up. Nothing but a miracle can prevent his impending doom. His only safety is in labor.

As Vardaman says: "The character of the education for the Negro ought to be changed."

The so-called higher education is of doubtful utility to any class, and for the uplifting of the Negro it is absolutely fatal. He should be educated to fill the positions for which Nature has adapted him, and he should be discouraged from any ambitions beyond. The professions are already overcrowded; legislative halls are easily filled with the ruling class; government offices can get along without him, and college professorships need more receptive brains than that of the Negro. He can be useful in a thousand ways, both to himself and the whites, without antagonisms to either. That great army of underlings which have existed from the remotest ages, and without which the wheels of progress would stop, that unorganized and unorganizable aggregation of unskilled labor upon which the very foundations of civilization stand, the hewers of wood and drawers of water of Holy Writ, have a place among themselves for the Negro, and he fits in this place better than any other. But steps above the bottom rung are open to him, and he is equally welcome in grades far above the lowest. The mechanic arts, domestic service, hotels, railroads and steamboats have hundreds of openings for the colored brother in which he fits like the key-stone of the arch. Occasionally an open niche at the very top stands waiting for its ebony occupant. Some of the older doctors in the South will remember old Frank Johnson, whose band, for half a century, ruled with absolute autocracy the aristocratic ball-rooms of the South. I can remember when, in the wee sma' hours, interest would begin to flag, and tired limbs and drowsy eyes would seek the chairs and lounges of the ball-room, the manager would take up to old Frank the finest and best of refreshments, and ask him to wake them up. Then, with a croak like a frog, and a call, "Pardners all!" he would start up with "Old Joe," or "Clear the Track," and such music. There is none such now, and there is no other Frank Johnson. He was a slave, but he was freer than the President of the United States, and had more power in

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his realm than Roosevelt has at the head of this nation.

No white barber on earth can wield the scissors and razor with the ease and dexterity of the black man; no boot black is able to shine you up with the satisfaction of a ten-year-old pickaninny, and when it comes to the hotel porter, no man can exact, with as little friction, such liberal fees as the Chesterfieldian African.

Would you educate him? Yes, in the lines for which he is adapted. Let him associate as much as practicable with the whites, and learn by attrition as his slave-parents did. Let him read, write and learn figures. Let him read newspapers at night, if he will, and good books on Sunday. But I would not help him too much. As a financial measure, time and money spent in the acquisition of book-learning is the poorest of all investments. The college-bred man has a poor chance of employment, not on account of competition, but because of the small demands for his goods. The professional man is in demand, but competition makes success very doubtful. Education is the evil star which lures to destruction many a frail craft sailing on the foggy waters of ignorance. Like many other costly acquisitions, it is valued most by those who have the least.

This applies to that higher education which dissatisfies the Negro with the place designed him by Nature, that which makes him aspire to the professions, the government offices, and, worst of all, that which creates a desire in his heart for social equality. We need more Governors like Vardaman, of Mississippi. We want men at the head of affairs who can see conditions as they exist, and whose minds are sufficiently cultivated to understand the true value of book-learning, and not look upon it as a panacea for all the evils of existence.

I am in favor of free and compulsory education for both whites and blacks. The Government ought to have charge of the schools, and it should establish one grade of schools where wages are paid to the pupils. This should be a school of Labor, and every man and woman born in the United States, and every one immigrating into this country, before he or she is twenty-five years old, should be compelled to attend this school two years. Common laborer's wages should be paid to these pupils, and they should be deprived of every other means of support during this school attendance. The government of this educational system should be strictly military, and the regulations rigidly carried out. Diplomas should be awarded its graduates, and honors conferred according to conduct. This would be a leveller, indeed, but it would bring about more brotherly love than all the churches. It would introduce the poor and the rich to one another, and it would inspire confidence between capital and labor. It would enable the rich man to know how the poor man feels, and it would school the poor man in kindly feelings toward the rich. But enough—one more suggestion as to combating the present unfortunate state of affairs, and I am ready to ask pardon for the affliction imposed upon your patience.

Vagrancy is one of the worst evils connected with the present Negro condition, and until we enact good and efficient laws against this vagabondism, there is little hope of improving the moral stamina of the rising generation of blacks. Persuasion is of little effect; force, by one means or another, is the only suzerainty for which he has any respect.

[Written for the MEDICAL BRIEF.]

Painless Labor.

BY WILLIAM B. ELY, M. D.,
University Place, Neb.

It is with not a little hesitation that this subject is presented to the profession for its consideration. So much has been written upon it for no better purpose than to bolster up some dietetic fad or hygienic theory, the scientific foundation of its author's "system" or "method," by which Utopia of Motherhood is to be attained, and which it is sought by such means to advertise, a mass of empty sentimentality and gush, that one runs the risk of being received with a sneer to mention the subject for serious debate. Painless labor has come to occupy much the same place in the mind of sober medical science as "pre-natal discipline of the fetus," "the mother's influence over her

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unborn child," and the like, that depend upon imagination for their facts and poetic fancies for their logic.

But the observations made upon two cases of labor in the same patient some years ago, served to give me a new viewpoint in relation to the subject: a first labor of absolute painlessness, and a second two years later difficult and painful in the extreme, and which was terminated with forceps—a complete reversal of the almost universal rule in obstetrics, and under circumstances, too, which, to all human powers of observation, should have rendered both essentially alike. As a matter of fact, had such a thing been possible, the second labor should have been the easier of the two.

And here, at the very threshold of the discussion, I wish to disclaim any pretense to the discovery of another "method" by which painless labor may be secured, or to have formulated details of management looking toward it. The solution of that problem will have to wait upon added knowledge, and a good deal of it, too. My fondest hope will be attained if this paper shall add a single grain to the mass of fact which some future Harvey or Lister will mold into a coherent whole in a generalization that will clear up the whole subject.

The difficulties and dangers of human parturition have occupied the attention of physiologists and pathologists through all the ages. It is generally accepted for a fact that the delivery of the human fetus has been gradually, but nevertheless certainly, growing more and more difficult as the race has advanced in its intellectual development. It is assumed that the intellectual development is the cause of this growing difficulty in parturition.

This theory rests upon the hypothesis that the evolution of the intellectual powers must, of necessity, be accompanied with and dependent upon a corresponding evolution of the cerebral tissues —increasing quantity of brain substance —and that the bony envelope has increased in size *pari passu*. Hence, a gradually increasing size to the fetal head to be forced through the straits of a female pelvis, which has remained with its diameters unchanged, accounts for the conditions, increasing difficulty in parturition.

For reasons not proper to debate here, I take the liberty to doubt the absolute truth of these anatomical and evolutional premises, notwithstanding the fact that the declaration will place me in a small company of the brethren.

This theory presupposes the pains and difficulties of labor to be dependent upon the ratio of the fetal cephalic to the maternal pelvic diameters, an assumption which the two cases referred to above, when taken together, demonstrate to be false.

The pains of labor are two-fold as to character and source: First and chiefest, the pains of uterine contraction initiated by dilatation of the os, which always are the same, however superinduced, whether by mechanical means or by pressure of the fetal head or any foreign body within the uterine cavity; and, second, the pains of forced distention of and pressure upon the tissues constituting the parturient canal.

The pains of forced distention and pressure are sharpest where the tissues involved are most generously supplied with nerves of common sensation, notably the skin covering the perineal region. The rest of the parturient canal is comparatively poor in nerves of common sensation, hence their compression and forced dilatation is not attended with any great degree of pain; yet, unquestionably, the sum total of pain in labor is increased thereby, but the immensely preponderating factor is the pain of uterine contraction.

Now, the pain of uterine contraction is something wholly independent of resistance to the advance of the fetal head. It would remain undiminished if the pelvic diameters were increased to any extent. All that enlargement of the human female pelvis could accomplish would be a shortening in the time required to expel the fetus, and to that extent it would render labor easier. The pains would last a shorter length of time, but would not be diminished in degree.

The cases to which reference has been made, and which form the subject matter of this paper, occurred in 1892:

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Mrs. S., primipara, aged twenty-six, height five feet five inches, weight one hundred and forty-three pounds. Complexion dark, hazel eyes, and dark brown hair. Family and personal histories without interest in this connection, as she belongs to a typically healthy and robust family, and herself has never been sick since infancy. A physician of any experience would pick her out in a crowd as a woman well formed to bear children easily.

Almost immediately upon becoming pregnant she began to be troubled with a mild digestive difficulty, but not troublesome enough to call for interference, and it all disappeared by the end of the first month.

Her appetite, however, underwent a complete reversal from the ordinary, in that all those articles of which she formerly had been specially fond now became repulsive to her, and she developed a fondness for foods which hitherto she had always refused to eat. This was notable with reference to smoked meats of one kind and another. Smoked herrings had always been positively repulsive to her, but now her appetite called for them with an imperativeness that would brook no delay. And therein was manifested a change in her mentality. Before pregnancy no one could be more patient, mild and good-natured, but now the thing she wanted must be supplied, and at once.

This changed mentality continued throughout the whole period of gestation.

On the 12th of June, Mr. S. dropped into my office on his way from dinner to his place of business, and remarked in the most casual manner that he thought it might be well for me to call around and see his wife in the course of the afternoon, if it was entirely convenient for me to do so, as Mrs. S. had been having "queer spells" all the morning. This was ten days earlier than the computed date for her confinement.

I did not feel called upon to rush off on a call such as that, and it was nearly three o'clock before I got to the house.

I found Mrs. S. about her work. In a moment or so after entering the room she sat down. There was a firm shutting of the lips together, a closure of the eyes, and an easily perceptible straining. Obviously she was in the midst of labor. In reply to my question as to the frequency of "the pains," she declared that she had had no pains. "Well, if not pains, what are they? Please describe them." She said she could not describe the spells, they were so utterly unlike anything she ever had gone through with before. They were just "queer spells," and she felt impelled to strain while they were on, and between them she felt perfectly well. Digital examination as she stood there revealed the baby's head within half a finger's length of the vulva, and it was forced down so as perceptibly to dilate the vulva at the height of the uterine contraction.

With the assistance of the nurse we got her undressed and into the bed with as little delay as possible. As soon as she was well settled in bed, she was seized with a contraction of the uterus that persisted without any let up whatever, and forced the baby into the world at a single contraction. This last "pain" lasted, perhaps, ten minutes all told, and brought the baby, placenta, and all out into the bed.

As soon as all was over, the patient and the bed cleaned up, I undertook to investigate what, to me, was an exceedingly interesting case, if the patient's testimony was correct.

I will state here that Mrs. S. was a new convert to Christian Science. It was for that reason that I doubted her statements that she had had no pains. I assumed that her denial of pain was part and parcel of her new-found faith. But she had taken somewhat of a scientific course at school, and knew what I meant, and appreciated what I desired to know.

With that in her mind, she endeavored to enlighten me as to the facts of her case, and in the end I was satisfied that she had told me truthfully.

From the beginning in the morning, just as she was rising from the breakfast table she felt absolutely nothing analogous to pain. The feelings were just "queer." They came on about every hour at first, gradually increasing in frequency all the forenoon. At dinner time they were as often as every fifteen or twenty minutes, but were changed in character. They now impelled her to strain, as they had not done at first. It was the absence

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of pain that misled her, for she had been a diligent student of "Tokology," and it led her to expect pain. Had the "spells" been accompanied with pain, she would have sent for me earlier in the labor.

But that last long spell that brought the baby into the world was accompanied with a sharp pain. In her own words, "It seemed as though she was being torn in two." But she denied it and kept her mouth closed in obedience to her new faith in Christian Science. "But it did seem for a moment that I could not help screaming out." This was the only sensation of pain that she felt through the whole labor.

Here was a painless labor; painless so far as relates to the pains of uterine contraction. Had that been the end of the matter I would always have believed its painlessness to be the mental product of a firm faith in Christian Science. But two years later she went through another labor.

It will be borne in mind that this first experience of hers confirmed her in her new-found faith. What before had been faith alone now was absolute and unquestioning certainty. She entered upon gestation the second time with feelings of joy only; no dread, no fear, no doubts; nothing but joy at the thought of another object upon which to pour out her mother-love. In her mind, every direction of her Tokology, and every tenet of her "science" was the truth of God, and she followed them out to the letter. If she was faithful during her first gestation she was doubly so during this second period.

Now, her pelvic diameters were just the same as with the first baby. There were no accidents to the parturient canal, no tears either to the os or the perineum. There was every reason to believe that this second labor would be but a repetition of the first, except that it would be shorter and easier, because of the prior stretching of the tissues involved.

But, as a matter of fact, the first stage was marked by pains of the usual severity, and came upon her as an utter astonishment. They covered a period of about twelve hours, growing more and more severe, and completely beyond any power within herself to deny their presence. Her "science" was a total failure to her this time. The second stage was marked by pains as severe as one usually witnesses in any fairly energetic labor. But, though the pains were seemingly efficient, the progress of the fetus was slow, and, at the end of three hours, forceps were applied, and the labor terminated.

Now, in this second labor the pains of the second stage were severe enough for a believer in Christian Science to call for chloroform.

The first baby weighed seven pounds twelve ounces, and its head measured twelve and one-quarter inches around the occiput close to the neck, over the ears, and high up on the forehead, as nearly at right angles with the presenting part as possible. The second baby weighed seven pounds flat—twelve ounces lighter than the first—and its head measured twelve inches around—a quarter of an inch less than the first.

Obviously some factor was present and operative in one case that was absent in the other; some factor other than the size of the fetus and the ratio of fetal cephalic to the maternal pelvic diameters. What that factor was is a matter of no little difficulty to determine. Was it present or absent in the first case? That is, was the active factor a cause or a preventive of pain?

It seems absolutely beyond question that this patient's freedom from pain in the first labor was due to something else than her mental condition, for the same mental condition was present in the second labor in yet greater degree. It could not be attributed to her methods of care of herself, for as nearly as is possible for human beings to repeat themselves, her care of herself was alike in both cases.

We, therefore, have eliminated the mental influence of her faith in Christian Science as the active factor in abolishing the pains of uterine contraction, and the second labor proves that that factor, whatever it may be, is something other than the ratio of fetal cephalic to maternal pelvic diameters.

Why the second labor should have been so painful and difficult, considering the complete painlessness of the first labor, remains a mystery. Seemingly, all the elements of the two labors were alike, but the difference in them shows that some

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element was present in one that was absent in the other.

How common painless labors may be I have no means of judging, but my impression is that they are not at all common, since I do not remember of ever having seen the report of one, nor do I recall any reference to the subject in the text-books. I can not regard my own case as absolutely unique, for human experience is common to the race. The absence of reports is easily explained by the reluctance of the general practitioner to report his cases. But if such cases were very common, it would not be so very long before one would get into the maternity hospitals, and so get reported.

The fact that uterine contraction may occur without the usual accompaniment of pain suggests a fertile field for investigation, for there is the hope that the cause or causes of this pain may be found to be removable, and, if removable, the discovery will confer a greater boon upon humanity than has been conferred by all the great discoveries combined to this date.

[Written for the MEDICAL BRIEF.]

A Few Obstetric "Don'ts" for the Young Practitioner.

BY S. E. GIBBS, M. D.,
New York.

The following hints have been suggested by observing the frequent lack of thoughtfulness on the part of some of the best obstetricians and also the most rigid adherents to the gospel of Asepsis and Antisepsis, and are here offered only as gentle reminders.

Some of the following rules may be thought needless, but as "a chain is no stronger than its weakest link," so one apparently trifling, thoughtless act may prove the weak link which will sometimes frustrate the best efforts of the otherwise careful obstetrician.

Modesty, however, prompts the writer of the following "don'ts" to admit that he also is not without sin, for, being human, we are all prone to err sometimes, either through forgetfulness or carelessness.

Don't disinfect your hands and then on looking in the mirror and seeing your hair disarranged, proceed to brush it.

Don't blow your nose in the lying-in chamber.

Don't cough over the patient's bed.

Don't joke in the presence of the woman in labor.

Don't mention any "bad cases" in the presence of the patient.

Don't make frequent vaginal examinations.

Don't expose the patient unnecessarily.

Don't fail to draw the urine before applying the forceps.

Don't catheterize with anything but a new catheter and a disinfected one at that.

Don't draw the urine into a dirty tin pan or chamber vessel.

Don't stop the operation to wipe the perspiration from your forehead. Remember, "In the sweat of thy brow shalt thou eat bread."

Don't wash the baby's eyes and then proceed to remove the placenta with the same hand.

Don't pretend that everything is all right when you know that the perineum is torn; acknowledge it like a man, and then sew it up.

Don't give drugs enough to completely stop all after pains.

Don't insist on the patient lying flat on her back for the first few days.

Don't tell the mother to nurse her baby every two hours. Tell her not to nurse it oftener than once in two hours.

Don't examine the patient's breast and nipples until you have disinfected your hands.

Don't fail to note the pulse rate before leaving the house.

Don't leave the house if the pulse is ninety or over.

Don't forget to ask at your next visit if the patient has urinated?

Don't fail to give moderate doses of sanmetto, in water, if the patient complains of the urine burning or smarting.

Don't tell the husband that the baby "looks like him," as if there could be any doubt about the paternity.

Don't fail to collect your fee, for the family has had nine months in which to prepare for the event.

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And, lastly, don't boast of your luck in confinement cases. "It's a long lane that has no turning."

22 East 126th Street.

[Written for the MEDICAL BRIEF.]

Pneumonia.

BY W. E. MANCILL, M. D.,
Cisco, Texas.

Dr. Arthur D. Bevan, of Chicago, says: "Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight against this disease. The sooner the medical profession will acknowledge this to the public and set to work to discover some specific to save pneumonia patients the better for all concerned."

This assertion was made by Dr. Bevan at a meeting of the Chicago Medical Society on or about January 28 last. If Dr. Bevan had said "as far as he knew," there would have been no need for a reply. He made the assertion and stopped there, but as I have had more than thirty years' experience as a practitioner, I feel that a reply is demanded from someone who has had experience.

I have treated hundreds of cases of pneumonia, among all classes of people, from the highest to the lowest, from the palatial residence to the pole hut, and even in the dugouts in the hillsides, in West Texas on the stock ranches, where comforts were few, and I am confident I would have lost as much as ninety per cent of them, had it not been for drug treatment, as I am confident of anything on earth. But as I have always carried a good supply of drugs with me, and was nearly always supplied with such medicines as was necessary, and began treatment at once, as indicated, I have seen good results from medicines in pneumonia, comparable to that of any other disease, if called to see a case within eight or ten hours of its inception, unless the patient is dissipated, fleshy or consumptive.

I have as little fear of losing a patient as I have of almost any of the fevers that we meet with in the South, and I attribute all to drugs, nursing and proper ventilation. And while I am open to conviction, with my experience I can not agree with Dr. Bevan, notwithstanding the editor of the *N. Y. Medical Journal* says Dr. Bevan stands high in the profession, and that is more than I have ever seen in any medical journal concerning myself, yet I have had many years of experience and confidence in drug treatment in pneumonia, and if Dr. Bevan will come down here in West Texas and go with me in winter and spring, while pneumonia is at its worst, I will make a convert of him, and he will go back to Chicago and apologize to the medical society for his rash remarks.

Enclosed find post office order for one dollar for the MEDICAL BRIEF for 1905. The BRIEF is a good journal. I have been reading it for over twenty years. It just suits the busy practicing physician.—A. S. WHITAKER, M. D., Biltmore, N. C.

[Written for the MEDICAL BRIEF.]

Atrophic Rhinitis.

BY E. W. BOGARDUS, M. D.,
Cortland, N. Y.

In reply to J. H. W., who asks for treatment of case of atrophic rhinitis, of eight years' standing, I would say at the outset that these cases are about the most stubborn to be met with in the broad field of nasal work. In the first place, is specific disease positively excluded? If there be any doubt about this, give energetic treatment. Wash out the crusts thoroughly and daily for a time, and two or three times a week until a cure is attained. Some cases should be washed out even oftener than this. The washing away of the crusts is of prime importance. For this the spray is absolutely useless, and the post-nasal syringe is seldom adequate. I prefer the Whitall-Tatum (pint) douche, or the ordinary douche bag, fitted with a proper nozzle, will answer. The salt solution recommended by Coakly is efficient and, in cost, within the reach of all. It is made up as follows: Sodium bicarbonate and common salt, two parts of the former to one of the latter. Three-fourths teaspoonful of this mixture to one pint of lukewarm water. Shake well,

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until the powder is dissolved, then with the patient properly inclined over a wash bowl or sink, allow the solution to flow into one nostril and out through the other. The douche may be refilled a number of times at each treatment. Some crusts may still remain above the middle turbinate which should be removed by a cotton-wound applicator. The following may be used to increase the flow of mucus:

℞ Iodini ..... 5 grains
Potassi Iodide ..... 10 grains.
Glycerine ..... ½ ounce.
M. et. Use with applicator.

Aristol, or a combination of aristol, menthol and benzoinol, as follows:

℞ Aristol ..... 15 grains.
Menthol ..... 10 grains.
Benzoinol ..... ½ ounce.
M.

Use in nebulizer after washing if there are any ulcerated spots. I like the application, with cotton-wound applicator, of icthyol. Tone up the general system. Be sure that all crusts are removed, and above all, keep the case in view. They are apt to get away, particularly when somewhat improved.

There are many details to be observed in these cases which a lack of space will prevent mentioning. Some skill, plenty of careful attention and unlimited perseverance are the essentials.

Do not forget the possible specific origin.

[Written for the MEDICAL BRIEF.]

Chelidonium Majus.

BY FINLEY ELLINGWOOD, M. D.,
Editor and Publisher *The Chicago Medical Times.*
Chicago, Ill.

The profession at large has been so absorbed in studying bacteriology, histology, pathology, and other essential scientific branches of the profession, that they have not devoted the time necessary to the study of vegetable remedies. Within the past three or four years there has been a sudden awakening to the fact that these are by far the most potent, the most direct and the least harmful remedies of any that we possess, and the profession is now studying these remedies with great avidity. Those of us who have made these remedies a study for our entire lifetime, as well as informing ourselves concerning the action of the remedies in common use, are persuaded that the profession at large has allowed its prejudices to shut it out from the study of an exceedingly important class of remedies.

One of these agents is chelidonium majus, or the garden celandine. This has an established place in the therapeutics of the eclectic school, which is not filled by any other remedy or combination of remedies. It is demanded and will not disappoint the prescriber in those conditions where there is a fully developed abdominal plethora, where there is insufficient glandular action of the gastro-intestinal tract, with imperfect circulation. It directly influences the spleen, liver and pancreatic glands, stimulating the chylopoietic system, and influencing favorably the organs supplied by the solar plexus of the great sympathetic. Where there is an imperfect or retarded action of the liver, it causes this organ to secrete thinner and more profuse bile, preventing the formation and assisting in the expulsion of gall stones. It is valuable in simple biliousness, in general hepatic congestion, in acute or subacute inflammation of the liver. It is valuable where dropsy is due to liver disorder, and will act at the same time in overcoming inactivity of the kidneys.

The specific symptomatology which directly demands it is pain under the angle of the right shoulder blade, especially if accompanied with enlargement of the liver, with elevation of the temperature, chilliness, jaundice, yellow-coated tongue, and a craving for acids.

It relieves splenic congestion, reducing enlargement of the spleen, whether of an acute or chronic character. It also acts directly upon the pancreatic glands, stimulating their functional activity and overcoming congestion of these organs. Small doses of belladonna, given in conjunction with the remedy, when the presence of congestion is assured, will materially enhance its influence.

Another train of symptoms, in which the remedy is indicated, is that in which, as a result of defective portal circulation, there is slow pulse, irregular action of the heart, with palpitation, dull

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pain and aching in the limbs and muscles, a feeling of weight, with stiffness and swelling of the hands, limbs and feet, with cold extremities. There is supra-orbital pain or dull aching in the head, with vertigo, weariness, general inactivity and nervous irritability. The tongue is pallid and enlarged, the membranes of the mouth are pale, the skin full, sallow and occasionally tinged a greenish yellow. The feces are clay colored and float upon water. The urine is scanty and high colored, with perhaps a deposit of triple phosphates or amorphous urates.

In another class of cases there is a fullness of the stomach and bowels, with flatulency. There is a full, dull, persistent pain in the right hypochondrium, with sharp pain extending through to the right shoulder blade, with deficient kidney action. There is a dull, dragging sensation in the small of the back, with a metallic or bitter taste on rising in the morning. There is despondency and foreboding, with mental depression or melancholy. If there be subnormal temperature, it should be given with cactus. If elevated temperature, with bryonia. It acts synergistically with leptandra, podophyllum, chionanthus, iris, sodium phosphate and lycopus. When administered in strict accordance with the exact indications named, it will not fail to improve the symptoms in a rapid and speedy manner.

100 State Street.

[Written for the MEDICAL BRIEF.]

Autocratic Powers.

BY JOHN DIXWELL, M. D.,

Boston, Mass.

A couple of years ago the agent of the Boston Board of Health sent home from school a child with the message that "he had scarlet fever." Within an hour of that time I saw the case. Absolutely nothing at all was the matter with the child, nor was there a symptom of any disease during the next six weeks and after. The house and family suffered quarantine and the value of the property was seriously injured by the false accusation. For breaking this quarantine and taking this healthy child out to walk the father was fined in court, at the instance of the Board of Health in full force assembled. I was not allowed by the stupid law to offer the proofs of health, and the say so of the agents was autocratic. Abundant consultants of the very first class were ready to appear on my side of the case, men whose evidence would far outweigh any individual employed by the Health Board, including even the very man who receives each such case sent to our city hospital. These men carefully examined the child and found no disease then or recently.

This fall this same child has really had this disease, and though the attack was of a mild nature the symptoms were well marked, as diametrically opposite to the falsely alleged case as possible. As it was by my advice the man gave his child exercise, when no sign of any disease could be obtained, and because he was a hard-working man with a large family, I gladly paid his fine for him as a charity and as the price of his child's better condition.

No autocratic powers are safe to be given to any servant; all matters should be referable to the court freely for justice after full hearing of all the facts and witnesses. All laws and public officials operating on other lines than these are a menace to good citizens, not a benefit.

52 West Cedar Street.

[Written for the MEDICAL BRIEF.]

A Physician's Necessary Qualifications.

BY C. O. COURTRIGHT, M. D.,

Rushville, Ill.

There is scarcely any literary profession which requires the manners and behavior to be so decorous, so polished, obsequious, so courteous, so obliging, so cautious, and yet so manly, and in every respect dignified, as must be expected of a physician. His mind must be, therefore, highly cultivated by a good education, and by a knowledge of mankind and of the world. Without this knowledge he will be subject to err at every step he

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takes, and will be in perpetual danger of injuring and disgracing the profession which he follows; without this he will everywhere find impediments inseparable to all his learning. All his information will be useless, obscured, disputed, and misunderstood if he raises prejudice and excites disgust by an unfriendly, obstinate, inflexible, ungraceful, inconsiderate, stiff course, and bashful behavior, and his embarrassment will perpetually disturb the free operation of his faculties, and impede the application of his knowledge.

It is the physician's duty to take every man who entrusts himself to his care as he is, with all his failings, and to treat him in such a manner as to obtain his confidence, and to fulfill his wishes. Men of all classes and rank in life, of all dispositions, capacities, character, and opinions, in every imaginable situation, of every age and clime, constitution and temper, have equal right to his assistance and his attention. He must know how to give every one his due, and wherever his profession calls him, how to adapt his conduct to the circumstances in which he finds himself. The wisdom, the self-denial, the grace, the dignity, the decency, the noble frankness, and nobleness of heart, the accommodating disposition and agreeable manners which are required of him, can only be obtained by means of a good education, united with opportunities to become acquainted with the world and habits of intercourse with society.

"It can not be expected that all the most desirable qualities should be found at once in perfection in the character of every young physician. By habit and by daily occurrences which call forth its powers, the mind must gradually assume the wished for stamp. But without all previous disposition, and without all preparation such an object is absolutely unattainable."

The nerves should be firm and strong; not insensible, but not capable of being thrown into tumultuous agitation by every slight irritation, and thus so liable to interrupt perpetually the cheerfulness of mind which is so highly desirable and so absolutely necessary in the physician.

Then there is the habit of smoking, which is indulged in by so many physicians who are presupposed to understand the profoundest laws of physiology, and who are, as a body, looked up to as examples, and the conservators of the people's health. I hold it to be most unbecoming and inconsistent for any physician to indulge in the use of the most powerful of the nerve sedatives and depressants contained in the entire *materia medica*, besides being, or should be, the most disagreeable and repulsive habit to womankind that man can impose upon her. The immutable law of cause and effect knows nor will have no respect of persons. Nothing but stern, inflexible facts which none can ignore with impunity. The use of tobacco does, has, and will continue to pervert and paralyze the function of the nerve centers, and obtund the function of the central nervous system, and all the viscera over which it presides.

A failure on the part of the physician to recognize this pathological principle often makes radical treatment a failure. The tobacco alkaloid, nicotine, is one of the most powerful nerve poisons known. Its influence is compared to that of prussic acid. One drop of the oil of nicotine placed upon the tongue of a cat is said to kill it in a few minutes.

Lieutenant Greeley says of those who went with him to the North Pole, of the seventeen of his men who died, all were smokers but one, and he died last. Of the seven survivors none were smokers. Its use destroys that acuity of thought and keen perception of the mind which fits it for deep thinking and reasoning from cause to effect.

A young medical aspirant boasted of using a plug of tobacco daily. In a short time his feet began to be numb, which worked up, causing paralysis of the whole system. Eight eminent physicians pronounced it paralysis caused by the use of tobacco, and in eight months he died, a victim of his own folly.

It is the duty of all physicians to set a better example before the youths of our land, not only by abstaining entirely from the use of tobacco, but by teaching the injurious consequences which it will inevitably entail upon that most wonderful, intricate and complex part of our bodies, the nervous system.

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[Written for the MEDICAL BRIEF.]

An Unsuccessful Case.

BY C. E. BOYNTON, B. S., M. D.,
Los Banos, Cal.

Male, aged thirty, strong, intelligent, good history but for three cases of gonorrhea and a stricture, cured by a specialist. Now has gonorrhea in the first acute symptoms, with slight discharge. Placed him on protargol injections, three per day, two-thirds grain to one hundred minims, calcium sulphide, one-half grain hourly; saline laxative, one to two drachms per day: potassium acetate mixture to be used sufficiently to allay acid irritation, with directions as to plentiful water drinking and rest. This patient thought he was obliged to attend to business at his store, and could not be prevailed upon to take a lay-off. He would ride rapidly in his delivery wagon, and sit around at times on a nail keg, which he knew was not good for his case. He had heard about quick cures effected by wonder-working prescriptions in the hands of laymen druggists, etc. The case did well for two weeks, but the patient was a victim of mental icterus and confirmed pessimism all the time. It fretted him beyond description to note the morning drop or drops, and he was anxious for more effective treatment. It was then that the case grew a little worse, in spite of the saline; he became constipated and bilious and after a liberal dose of the mild chloride quinine and natrium phosphate he was better, and the third week found him counting the days he had been in a bad shape, with discharge as bad as on the first day. I tried now to get him to use candle bougies, but he would have none of these after using three or four. He noticed also a swelling, two inches back, upon the under side of the penis. This was an abscess, but not very sensitive and as large as a bean. After five weeks he remarked that he was all right, and after paying me stated that he was worse than ever, having resolved, in disgust, to let the thing go.

I remonstrated, but without effect. The abscess had broken, I found upon examination, and reinfected the urethra. He hung around town for a month, working hard at his store, and all of a sudden I heard of him at a city hospital, where he has, at the present writing, been for over a month. This is a plain and brief statement of the case. I treated him nearly five weeks, and the last two weeks I used several of the well-known injections, all with no effect.

The stricture did not return under my treatment, and I have no doubt that if the patient had continued treatment in spite of his pessimism, he would have been well inside of eight weeks. His case was virtually a double infection; once from the sexual contact and once from the gonococci contained in the abscess. This I tried to explain, but his mind so dwelt upon those "quick cures" that I could not re-establish his faith after the return of all the acute discomfort. In all probability the abscess formed under the cicatrix of the old stricture, beyond the reach of injection fluids. Though generally successful in the treatment of venereal disease, I presume I shall always be regarded as very second-rate in the opinion of this patient who, unfortunately for me, is a man of prominence.

[Written for the MEDICAL BRIEF.]

A Typhoid Fever Romance—True in Detail.

BY J. ZACHARY TAYLOR, M. D.,
Baltimore, Md.

"The temperature is 106° F., the heart's beat scarcely perceptible, and I see no earthly hope."

"Oh, Doctor! have you given her up?" exclaimed Mrs. Listo.

"Yes, I have done all I could—I see no possible way of carrying the patient safely over the crisis," said Dr. Laws.

The patient was the beautiful and only child of Mrs. Listo. The thin and pinched features, sunken and expressionless eyes, the disheveled hair, and marble-like pallor, gave her more the appearance of death than life.

There, Maude Listo, the charming maiden of eighteen summers, beautiful, accomplished and loved one, lay dying of typhoid fever, surrounded by mother and

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nurse. Pressing her hand to her heart, as if in an effort to ease her sufferings, and with eyes bedimmed with tears, Mrs. Listo whispered: "My dearest, darling child, you must not die"—and rushing from the room into the hallway to the telephone—"Exchange—quick! give me Dr. Munday's office."

"Hello! Who's this?"

"Mrs. Listo, Doctor, and I want you to call at once."

"I will."

And in a few minutes Dr. M. was at the house and facing Mrs. Listo.

"I am here in answer to your call—what can I do for you?"

"As you are aware, Maude is very low with typhoid fever. Dr. Laws has given her up, and says no power on earth can save her."

"I want your forgiveness for objecting to your visits to our home after you and Maude had parted friendship at my request, and beg that you save my child if in your power. I have long known that you were very successful with treating fevers, more so than any physician in the city, and I felt that you were in possession of a something that few, if any, other physicians were, because of your great skill in saving your fever cases."

"Mrs. Listo, I cheerfully forgive you, and will do my utmost to save the life of Miss Maude."

The two then hurried to the sick room. Dr. M., upon seeing the object he once adored lying there, dying, turned to Mrs. Listo and said: "My soul bursts at the sight. I am called to see that precious life pass into the far beyond—she whom I once worshiped as angels worship their God must not and shall not die! I possess a remedy that is death to the germ bacillus typhosis, and if life can be kept in the patient twenty-four hours longer, I will save her. It is the only specific for this terrible disease, and it is hardly possible for one to die of typhoid fever when this remedy is pushed to saturation. The day is not far distant when the whole medical profession will recognize this fact and give me credit for making it known."

Taking his satchel to the table, he took out a vial marked "Double Sulphide of Calcium and Magnesium (Burgess)," and handing it to the nurse, instructed her to weigh out twelve two-grain powders, and to give one such dose every two hours. Stepping to the bedside again and placing his ear to the heart of the patient, he said, "I must bring up the heart's action at once; and here are a few pellets of strychnine and nitroglycerin (one-fiftieth and one one-hundredth); we will give one now, and if needed, another in one hour, then further apart until the heart-beat is restored to somewhere near normality."

Finding the abdomen distended with gases (tympanites), he ordered a flannel cloth to be saturated with hot water and sprinkled with spirits of turpentine, wrung out and laid over the stomach, to be kept up night and day; but if too biting or burning, to wring the cloth out in hot water again in order to dilute the turpentine. This application to be renewed every six hours. He ordered the wrists and ankles to be wrapped in flannel strips, some six or eight thicknesses, and these to be saturated in ice water and alcohol, half and half, and an oiled silk bandage over these. The ice water and alcohol to be repeated every hour until the temperature fell or the patient was somewhat chilled; then to stop it. He ordered a pint of milk to be heated to the boiling point, then set aside, drop a lump of ice in it to cool it, and into this a pinch of salt, a little sugar and a gill of whisky. The patient to be given a tablespoonful every half hour for six doses, then further apart.

After these instructions he left the sick girl, saying he would be back in twelve hours.

After Miss Listo had rejected the proposals of Dr. M., in accordance with the wish of her mother, Dr. M. never visited the Listo home again. It was publicly known that Miss Maude was to marry a son of a prominent millionaire, and at this time was on a tour of inspection of his father's possessions in Scotland.

But sickness is to undo and do what fate had promised otherwise.

When Dr. M. gazed on the face of the dying girl, his love, which was only smothered, burst the bonds that had held it back, and only the fact that she was to marry another kept him from exhibiting concealed emotion. He knew that as he

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held the key to the situation—a remedy that would cure ninety-nine per cent of all typhoid cases, if given in time, which other brother physicians knew not, or if they knew of it, failed to know its specific properties, and should she recover, he would hold a claim for her heart and hand, irresistible.

The door-bell at the Listo home rang, and upon opening the door, in rushed Dr. Munday, who quickly tip-toed his way to the sick chamber. With heart in his throat, he approached the bedside, placed his finger on the pulse, the thermometer under the tongue—at which she (before in a comatose state) opened her large, black eyes, to behold, with astonishment, who it was, and with a smile, recognized her former lover, but too weak to speak. The recognition was mutual, and the love that had been only lulled, again sprang forth in hurricane leaps.

"Thank God! She has passed the crises favorably. The pulse is ninety; temperature 101° F., and by the time she has taken the balance of the twelve doses of the double sulphides, the pulse and temperature will be normal." Turning to the nurse, "continue the turpentine stupes, milk toddy, etc., but leave off the ice water and alcohol applications. I will be back in twelve hours."

When the hour arrived for Dr. Munday to call, he was there, and taking the emaciated hand of Miss Maude, who had now passed the crisis, he gazed into her face and said: "The double sulphide of cal. et mag. saved your life, and by careful attention you will again be well and strong."

The sickness of Maude Listo was the undoing of the bethrothal to the millionaire Scotchman, and her recovery to health won for Dr. Munday a charming wife.

545 N. Carey Street.

Besides an effervescent combination what is the most pleasant way to administer magnesium sulphate? How can quinine be made into a sweet syrup?—Dr. J. A. Burnett, Pauline, Arkansas.

[Written for the Medical Brief.]

Typhoid Fever.

BY L. J. PONS, M. D.,
Roxbury, Conn.

From the numerous articles on this subject appearing in nearly every medical journal, it would seem that nothing more could be said regarding this common and dreaded disease, but I believe that we do not as yet fully understand this subject and that during the next ten years much will be added to our knowledge regarding it. The etiology is less obscure, and it is universally conceded that the germs or poison must enter the blood through the alimentary canal, in the food or water, or perhaps by inhalation of infected air. Probably ninety-five per cent of all cases of typhoid fever are caused by drinking water containing Eberth's typhoid bacilli. That a certain amount of the poison will produce the same amount of infection every time is very doubtful and probably impossible for anyone to say; but we do know that a severe attack will follow an apparently mild infection, and vice versa. Symptomatology, Widal's and other tests, need not be discussed here. The principal thing to consider is to cure the patient in the best manner and in the shortest time practicable with safety.

Are not some of the complications and adverse symptoms often due to the treatment and nursing? I believe that if the patient can be seen during the premonitory symptoms or first three days, by appropriate treatment the disease can be considerably modified and shortened. Please notice, I do not say aborted; for I do not believe that a genuine case of typhoid fever can be aborted in three or four days, as some physicians claim to do, any more than we can abort a genuine attack of measles or scarlet fever, either of which may be of so mild a form that one might almost take the credit of having actually aborted it.

That the treatment of typhoid fever has greatly changed within ten or twenty years can not be questioned. The rigid diet of former years has given way to a more liberal and varied allowance. Nourishment and fruits are now given to fever patients that would at one time

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have been considered criminal to allow. Antipyretics of the coal tar group are not prescribed as frequently. More dependence is placed on cold water baths and alcohol sponging.

From hospital records and general reading I conclude that the Brandt method is not in vogue much at present. Certainly it is not as well adapted to private practice as sponging with water or alcohol.

The internal treatment consists chiefly of intestinal antiseptics of a great variety, the following probably heading the list: Salol, bismuth, carbolic acid and iodine, bis., beta-naphthol, thymol and the sulpho-carbolates. Stimulants are still holding a high place during the middle and last part of the fever, although some cases do well without.

Echinacea angustifolia is a remedy in this and other fevers and septic conditions which every practitioner ought to give a good trial. I have prescribed it many times during the last three years with benefit. One reason that we do not always get good results is that it is difficult to procure a reliable preparation, and for that reason I prescribe ecthol. Although a proprietary article, it is one that can be depended on, and that is what we need when we have a serious case of a septic nature to treat.

During the past two years I have treated successfully a number of typhoid fever cases with the following: The first day, five to ten grains of calomel in divided doses, followed by a dose of saline cathartic, if needed. After this has operated well, I prescribe salol, four grains, and a teaspoonful of ecthol every four hours; arsenite of copper, one two-hundredth grain, or five grains sulpho-carbolate soda every two or three hours. If diarrhea is present, sulpho-carbolate of zinc is substituted for the salol. If gastric irritation, subgallate of bismuth. For obstinate diarrhea and hemorrhage, I have found nothing to act as well as a hypodermic of morphine, followed by the old opium, lead and camphor pill, one grain each, or a pill of argent. nit. one-fourth grain and opium, one grain each.

Stimulants and heart tonics as required. For restlessness, the bromides, with passion-flower, act nicely, or five-grain doses of sulphonal may be tried. Turpentine is a reliable remedy if tympanites and dry, beefy tongue exists.

Diet. Milk, with lime-water, eggs, beef-juice, bovinine, soft toast, oranges, grape juice, etc.

When the temperature becomes nearly normal and no contraindications exist, the above medicines are gradually diminished and quinine, iron and strychnia substituted until convalescence is well established.

A recent case was treated with salol and ecthol alone, with the exception of a few doses of calomel to move the bowels. In this case, no stimulants or strychnia were given. Patient made a splendid and rapid recovery, although he had been ill a week before I saw him, with a high fever, and had been dosing himself with quinine, thinking he had chills and fever.

[Written for the MEDICAL BRIEF.]

Drugs That Should Not Be Used or Employed During Pregnancy.

BY DRS. PENNEBAKER AND TRIPP,

Pleasant Hill, Ky.

In the November, 1904, BRIEF, page 972, from an article by S. K. Montgomery, M. D., under the above caption, we quote: "There should be no hesitation in employing quinine sulphate during pregnancy, whenever symptoms of malarial infection manifest themselves, and these cases are rather frequent." * * * *

Some years ago, in a woman seven months pregnant, a primipara, who was suffering from malarial chills and fever, quinine sulphate in solution, in five-grain doses, was prescribed. A few doses only were taken when premature labor was induced, and she was delivered of twins, one dead, the other living but half an hour or so. There was no doubt in our minds but that the quinine sulphate was responsible for the induction of premature labor. We should hesitate to forget the warning of authorities on midwifery, that quinine was an oxytocic, and to be used with caution during pregnancy.

After labor has begun, and the pains have become inefficient, dying away, quinine in solution, in five-grain doses, repeated p. r. n., has a most happy effect in exciting a return of the pains. Quinine solution has a place in our obstetric bag.

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Inquiry Department.

Impaired Hearing.

QUESTION:—Young married woman, aged twenty-two, mother of two children, ordinarily healthy, but a little dull of hearing. Suffered when a child with earache. Would oil of mullein, dropped in the ears, be of any benefit, and what would be the best treatment? Ears seem to be all right. They do not run nor do they give her any pain. Your advice will be appreciated.

Ill. C. M. T., M. D.

ANSWER:—We have had no experience with oil of mullein. It has been used by some with reported good results.

If the impairment of hearing is due to catarrh and thickening of the eustachian tube and drum membrane, the prospect of cure is not good, and you would better send the patient to a specialist. If it is due to an error of circulation in the brain, or to a degree of paralysis affecting the hearing centers, the hearing may improve under treatment.

Dietetic errors must be avoided as far as possible, the liver kept active, and the bowels moving daily. Breathing exercises and walking or other outdoor exercise in moderation must be taken daily.

℞ Ammonii Chloridi .....1 ounce.
Tinct. Nuc. Vom.....1 drachm.
Glycerini .....4 drachms.
Ext. Glycerrhizæ Fl.....1 ounce.
Chionia.....q. s. ad.....4 ounces.
M. Sig.: Teaspoonful three times daily.

Are the ears easily inflated by the use of Politzer bag, catheter or Valsalvian experiment?—ED.

Choleraic Attacks.

QUESTION:—I would like to ask your advice as to treatment of an epidemic now visiting my district. It resembles cholera morbus and is very prevalent.

It begins with a rigor, usually at night, followed by a high fever. Temperature frequently goes to 104° F. Vomiting or diarrhea, and not unfrequently both, set up. No desire for water. The emesis consists of a biliary matter and slimy; that which passes off by the bowels is of a pea-juice character, foamy and acrid.

Patients remain in this condition from eighteen to twenty-four hours in spite of all the antidotes administered, then the fever passes off and there is a tenderness in the region of the sigmoid flexure. Bowels still deranged and assume a dysenteric state. Patients get able to get up and go about, but it is a job to cure them, especially if they are not strictly dieted.

I give antikamnia and heroin for the fever; a combination of calomel, ipecac, bismuth and bicarbonate soda, in fractional doses, repeated often, until I get an action from the upper bowels, and to quiet the stomach, pepsin, glycerine and creosote. I give about three grains of quinine every five hours; or if it be an infant or small child, I give mentho-quinine. There is more of it among adults than children.

I have not lost a case yet, but can not say that I have cured any. They linger along but are not well. Good appetite nearly all the time. Complain of being hungry at times when it is unreasonable to believe any one could be. Kidney function normal. Tongue slightly coated but very red. Not nervous.

Would like to have your opinion as to treatment. I think some kind of a tonic is now indicated for those who are up and going about.

Hollis, Miss. W. H. H., M. D.

ANSWER:—Your treatment is excellent, Doctor, but we agree with you that a tonic is indicated to complete the cure. We suggest that you give Dr. Brodnax's acid iron tonic a trial in these cases.

℞ Acid Nitrohydrochloric .....1 ounce.
Ferri Sulphat.....1 drachm.
M. Let stand twenty-four hours. Sig.: Eight drops in a little sweetened water after meals.

Give at the same time a teaspoonful of chionia, and two drops tincture of nux vomica.—ED.

Atrophy of Sexual Organs.

QUESTION:—Kindly give treatment for the following case: Male, aged twenty-eight, single, in fair general health. Rode a bicycle habitually between the ages of fourteen and twenty-four. Practiced self-abuse slightly but has never gone to excess in sexual matters nor had any venereal disease. Has slight varicocele on left side. Penis very small in the flaccid state; testicles also small. Erections firm, though rare. Patient fears that the organs are atrophying and is very anxious to have them restored to the normal size. Can you give me any help in doing this?

Ark. B. G. B., M. D.

ANSWER:—Over-stimulation or abuse of any part is commonly followed by loss of power or loss of substance. Sometimes a restoration can be effected and sometimes not. What constitutes moderation for one person may be excess for another. Of course, the degree of development of these organs is not the same for all persons.

The only remedy we know capable of doing anything in these cases is sanmetto. It increases the nutrition of the organs,

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and hence this functional life and power. You might try it in teaspoonful doses three times daily, and for ten days accompany each dose with one-sixtieth grain strychnine sulphate.

Use a cold spray to the lower spine, and the sexual organs for a moment night and morning.

Look into the diet, habits and other details of his life.—ED.

Marasmus.

QUESTION:—I would like some information on the subject of marasmus. In the last six months' practice I have lost several babies from marasmus, and in no case could I trace the cause. There was no hereditary history of tuberculosis in any of them so far as I could make out. They were all hand-fed babies but all ordinary care and precaution was observed in feeding them, to the best of my knowledge and belief. It just seemed as if the food did them no good. There was a total lack of assimilation. Despite medicines and care the little forms wasted away steadily until at length the attenuated frames could no longer support the operations of life.

If there is any way of getting at this disease satisfactorily, I would like to know it.

Mo. O. J., M. D.

ANSWER:—Doctor, have you tested the virtues of podophyllin in these cases? Make a trituration with sugar of milk, and give the equivalent of one-fiftieth grain, or thereabouts, three or more times a day as indicated.

If the case is not too far gone, you will soon see a wonderful change, and even desperate cases have been known to pull through on this one drug alone.

All the food given should be predigested, of course, and the child should not be left to lie in a stupor. Put it on a pillow, and carry it around—in the open air as much as possible. The stimulus of gentle motion is beneficial.

Let us hear from others who have had experience in the treatment of these cases. —ED.

Prepared Foods.

QUESTION:—What are the chances for an ordinarily healthy babe which must be artificially fed from the start and what is the best food to use? Parentage good, but for personal reasons the mother is unable to nurse her child.

N. J. S. T., M. D.

ANSWER:—If the parents are in reasonably good circumstances, and are well-instructed people, so that the infant will have good care and hygienic management, the chances are very good, indeed.

Unquestionably the safest and best food for an infant is modified milk—cow's milk, from which the excess of casein has been removed, and sufficient fat and milk sugar added to make it conform to the composition of human milk.

Laboratories where such milk can be obtained are not always accessible, but Allen & Hanbury put up a milk powder (No. 1) after this formula, which requires only the addition of water to make an ideal food for the new-born child.

After the infant is three months old, the Allenbury milk food, No. 2, is better suited to the stage of development of the digestive organs, as it contains, in addition to the constituents of humanized milk, maltose, soluble albuminoids, etc. The phosphates thus introduced into the system are of use to the growing brain and nervous system.—ED.

Prolapsus Uteri.

QUESTION:—A lady, single, nurse by occupation, suffers from protrusion of the cervix (I infer it is the cervix from her description, never having made examination) from the vagina to such an extent that walking, sitting, etc., are uncomfortable. A hearty meal makes this trouble much worse. This protrusion presses against the bladder and causes trouble in urinating.

She has been advised to have an operation performed for the relief of this condition. What is your opinion of the value of an operation in her case?

Pa. S. E. S., M. D.

ANSWER:—Your diagnosis of prolapsus is probably correct, with a degree of retroversion. Constipation and flatulent indigestion make this trouble worse. Possibly there is a scrofulous taint which would call for alterative medication.

℞ Ext. Hydrastis Can. Fl.....1 ounce.
Cascara Aromat.....2 ounces.
Aletris Cordial Rio..q. s. add..8 ounces.
M. Sig.: Teaspoonful three times daily.

If the prolapsus is made worse by vaginal relaxation and weakness, a wash of Kennedy's pinus canadensis will be of service.

We can not advise as to an operation without an exact knowledge of the conditions, which would require a physical examination.—ED.

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Intestinal Indigestion.

QUESTION:—Please give your views as to the treatment of intestinal indigestion, diet, and so on.

Mo. O. M. C., M. D.

ANSWER:—The principal point with regard to diet is to avoid excess and all those articles which experience has shown are likely to ferment. Also, it is not well to eat too much of one kind of food at any meal. For instance, we usually advise such patients not to eat potatoes and bread, or potatoes, peas and beans at the same meal. Cornbread often agrees with them better than wheat bread, and the green and succulent vegetables are good. Intestinal antiseptics are indicated. Listerine is very good, and occasionally a calomel purge is helpful. Diastase is of value, though it is not a cure. A combination of cascara sagrada, four grains, pulverized hydrastis, two grains, in capsules, one three times a day, acts very nicely indeed in some cases. A little bicarbonate of soda may be added to this if indicated. Nitrohydrochloric acid is an excellent remedy, in eight-drop doses, in water after meals, and may be given in alternation with the cascara combination.

A certain amount of open-air exercise taken systematically is indispensable.—ED.

Hip Joint Disease.

QUESTION:—Please give treatment for a case of incipient hip-joint disease in a girl of ten. Father and mother are healthy people. No tuberculosis anywhere in the family so far as I can trace. Family attribute the trouble in the hip to a fall the child sustained some time ago. The affected limb is shorter than the other and the child has been using it by means of a thick-soled boot on that foot. I have advised rest for the diseased joint. What does the Editor and BRIEF readers say?

Ill. P. H., M. D.

ANSWER:—By all means, Doctor. You are right. Rest is the primary indication. The diseased joint should be immobilized at once. Put a light shoe or slipper on the foot belonging to the affected limb and furnish the little one with crutches. Put an ordinary shoe on the well foot. Only the sound leg should be used in locomotion.

Do this and give her such tonics and reconstructives as may be indicated—McArthur's syrup of the hypophosphites, Hagee's cordial of cod-liver oil comp., etc., with a diet as generous as her digestive capacity will permit, plenty of fresh air, etc., and the prospect for recovery is very fair.—ED.

Prostatic Enlargement.

QUESTION:—Will you kindly give me your candid opinion upon the merits of sanmetto in the treatment of enlarged prostate with seminal losses at micturition and stools. After discontinuing the remedy will not trouble recur in worse form?

Attleboro, Mass. DR. R. P. D.

ANSWER:—Our opinion, based on personal experience, and that of many other men of ability, is that sanmetto has no equal in the *materia medica* in the treatment of a diseased prostate. Its power to allay irritation and restore tone is nothing less than wonderful. We have seen withered glands rejuvenated, and weak ones restored to vigor so many times it would be hard to shake our faith. At the same time it acts rather slowly except in cases of irritable bladder, and the patient must persevere in treatment, and do nothing to aggravate his condition.

In such a case as you describe the action of the sanmetto will be aided by temporarily using in conjunction with it five-drop doses of tincture nux vomica, or one or two drops of macrotys, according to the indications.

Keep bowels regular, and avoid overexertion. Bad sexual habits must be discontinued. Cold sponging of the parts, and the cold douche to the spine is of help in some cases. If it causes chilling, discontinue.—ED.

Obesity.

QUESTION:—Will the Editor or some other good doctor give treatment in full for obesity, in the MEDICAL BRIEF, in the near future.

Spring Lake, N. Y. DR. J.

ANSWER:—Obesity is usually an indication of a torpid system, and an inactive mind. A reformation of the physical and mental habits is needed together with strict compliance with dietary regulations.

The circulation must be aroused and elimination increased. In some cases the bitter principles give the best results, in others the salines. Aloes, podophyllin

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and phytolacca, small doses of the fluid preparations, makes a valuable conbination. Phosphate of soda and sulphate of magnesia also give good results in some cases. Brief hot baths followed by massage is helpful.

In the cases of flabby fat, the salines with tincture of nux vomica, or fluid extract apocynum cannabinum, act well.—ED.

Chronic Malaria.

QUESTION:—Please give me a good recipe for chronic malaria. Patient very sensitive to cold and atmospheric changes. Tongue coated, head hot. All the functions sluggish. Urine scant and high-colored. Skin dingy. Pains in back and limbs. Night sweats, but not severe. Liver and spleen but little if any enlarged.

Mo. L. P., M. D.

ANSWER:—Give a round of calomel, one-tenth to one-fourth grain, with bicarbonate of soda and sugar of milk every hour or half-hour, until a grain or two is taken; follow with a heaping teaspoonful of granular, effervescing phosphate of soda.

Regulate diet, chiefly gruels, broths, etc., at first.

℞ Lloyd's Macrotys .....2 drachms.
Lloyd's Nuc. Vomicæ.....2 drachms.
Tinct. Capsici .....1½ ounces.
Chionia .....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful four times daily after meals and at bedtime.

Hydrotherapy and light massage with oil are of utility in some of these cases. The practice of anointing the body makes it less sensitive to cold and atmospheric changes. In India cocoanut oil is freely used for this purpose.—ED.

Want of Development.

QUESTION:—Kindly inform me through the BRIEF the best method of treatment for the following case: Young man, aged twenty, penis is undersized, although testicles are normally developed. Circumcision was successfully performed some years ago, but the size of the organ did not increase. Will the Editor kindly tell me what line of treatment to follow in the case and oblige.

Indiana. OLD SUBSCRIBER.

ANSWER:—These are not promising cases. Hydrotherapy and electricity may be of some benefit. Five-minute cold sitz baths, followed by brisk rubbing of the small of the back and buttocks. A momentary application of a mild galvanic current.

Sanmetto is an excellent remedy to invigorate the whole reproductive apparatus, and in this way may prove of some assistance.—ED.

Nervousness.

QUESTION:—What do you think of neurilla to relieve nervousness in a man who recently suffered an amputation of the leg for tuberculosis? I have noticed advertisements of this remedy in the BRIEF but have had no experience with it as yet. Is it likely to have any untoward effects? The patient is in perfect health except for this nervousness.

Ill. W. M. L., M. D.

ANSWER:—We think, from our knowledge of this remedy, that it will prove to be just what you want. Its sole action is to calm and quiet the nerves. Hence, it husbands the patient's strength. It is a mild remedy, gentle in its action, and absolutely incapable of producing harmful effects.—ED.

Nocturnal Emissions.

QUESTION:—Please give treatment for night emissions, occurring about twice a week in dreams and following the cessation of the habit of self-abuse.

New York. M. B., M. D.

ANSWER:—This case hardly requires treatment. You might give him 1/100 grain strychnine sulphate (Sharp & Dohme) three times daily after meals, if he seems languid and rundown. Direct his attention to athletic sports, advise cold sponging and avoidance of worry over his state.—ED.

Hairy Birth Mark.

QUESTION:—A Pennsylvania correspondent wishes to know if there is any method of removing a large hairy birth-mark, covering the entire back of a young man. The skin of the back is discolored. Patient is a young man of good family and position and feels this misfortune keenly. Electrolysis would be too expensive. If any of the BRIEF readers can suggest anything which will benefit this case, please do so through the BRIEF.

The Editor has suggested bleaching with hydrogen peroxide, and the use of depilatories, but the hair will probably return in any case.

Enclosed find one dollar to pay for the BRIEF. Success to you.—R. WINFIELD, M. D., Canton, N. C.

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[Written for the MEDICAL BRIEF.]

A Case in Ophthalmology.

BY GEORGE A. CLARK, O. D.,

Malden, Mass.

I have a rather puzzling case for which I would like a little help, if possible. A fireman, forty years of age, has very bad eyes; he has been fitted by a number of oculists and having heard of me, came to see me. I find that he requires this connection for distance: O. D.+2.75+50 ax 40=4° base out; O. S.+3.50+1.50 ax 130=1° base down. For near use O. D. +400+50 ax 40, I decenter this: O. S. +550+150 ax 130. He has never been able to wear any glasses all the time, as he says they seem to pull on the eye. But the lenses I gave him are the best yet, so he says, but he can not wear them all the time. He has used tobacco and liquor a great deal, but since he came to me he has cut the most of it out. After eating dinner his eyes are worse than any other time. If I give him a weaker lens he says he can not see, and with the best connection he can only use it a few minutes, when it begins to pull on his right eye. If you can give me any information in regard to this matter I shall be greatly obliged.

Reply to Above.

By Dr. Dillon C. Bond, Ophthalmologist, St. Louis.

As a means of solving this "Puzzling case," let us carefully analyze brother Clarke's prescription—Patient, fireman, aged forty:

OD + 2.75 + .50 x 40 — 4° Prism Base out.
OS + 3.50 + 1.50 x 130 — 1° Prism Base down.
OD + 4.00 + .50 x 40
OS + 5.50 + 1.50 x 130

The case is full of contradictions and insufficient data. His visual acuteness is not given, neither the amount of vision with the above correction—but as it is, we have hypermetropia with hyperopic astigmatism—esephoria in the right hyperphoria in the left eye. The presbyopia being greater in left eye than in the right, which, together with the irregular prisms, makes a very bad prescription. So much for the criticism.

We will take it for granted that his reading glasses are correct. If this be true, his distance glasses are wrong, as the dioptric ratio must be the same for either eye, i. e., the difference between the right and left eye for reading is 1.50 D, while the difference for distance is only .75. Therefore, the left eye for distance must be increased .75 D. This correction will possibly dispense with the prisms, but if he must have them it will be necessary to change their position so that they will harmonize, and further, a more equable amount given to either eye. The total amount worn in this correction is 5°. Place 3° on right eye base out and 2° on left base out, to be worn both for distance and reading.

Now our prescription reads:

OD + 2.75 + .50 x 40 — 3° Prism Base out.
OS + 4.25 + 1.50 x 130 — 2° Prism Base out.
OD + 4.00 + .50 x 40 — 3° Prism Base out.
OS + 5.50 + 1.50 x 130 — 2° Prism Base out.

This allows +1.25 D for his presbyopia, which no doubt is too much, as this is the amount due him at forty-six years of age. If possible, increase his distance correction a half a dioptri, and I think it highly probable that he would find more comfort if the axis of the cylinders were placed at forty-five and one hundred and thirty-five respectively.

Now get after the man's nervous system and stomach. Strychnine pills for the former, and something that will bring about an easy natural digestion of his food with perfect assimilation of same. There is just one preparation I know that will do this effectually, and that is "Seng," a tablespoonful before meals.

With the above correction for eyes and general system, your patient ought to make rapid progress.

Dear old friend, I herein enclose one dollar for renewal of my subscription. I like the BRIEF and do not care to be without it. Should really feel lonesome if I could not get it once a month. I am taking two other journals, but prefer the BRIEF to any other.—J. J. WEIR, M. D., Millburg, Mich.

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Book Notices.

REGIONAL MINOR SURGERY. By George Gray Van Schaick, Consulting Surgeon to French Hospital, New York. Second Edition, enlarged and revised, two hundred and twenty-eight pages. Bound in cloth, profusely illustrated. Price, $1.50. International Journal of Surgery Co., New York.

This bright little book has met with a great demand. It is particularly adapted to the needs of the general practitioner, up-to-date in every respect, and furnishing him all practical information in precisely the class of cases he meets with every day. The subject matter is presented in condensed form, and without unnecessary display of erudition. This book gives the cream of twenty years' private and hospital experience, and is written with due reference to and understanding of the surroundings and circumstances of the general practitioner. This little work, notwithstanding its brevity, is comprehensive. The general practitioner will meet with few cases, which he cares to handle, that do not receive practical mention. What to do, and how to do it, is stated so clearly that it is rapidly and easily assimilated. The reader recognizes the master mind dealing with familiar problems. Illustrations are frequent, and illumine the text in a most helpful manner. We predict for this book wide and increasing popularity. This second edition has been revised, and additions made.

HANDBOOK OF SURGERY, for Students and Practitioners, by Frederic Richardson Griffith, M. D., Surgeon, Bellevue Dispensary; Assistant Surgeon at the New York Polyclinic School and Hospital; Assistant Genito-Urinary Surgeon at the New York Hospital (Home of Relief); Past Acting Assistant Surgeon, Third Regiment Infantry, N. G. P.; Fellow of the New York Academy of Medicine; Associate Editor of the *Medical Critic*, etc. With four hundred and seventeen illustrations. W. B. Saunders & Co., Philadelphia, New York, London.

The doctor will find this little book indispensable for ready reference, giving as it does all needed information in condensed shape. The book is modern and practical in every way. The outfit of doctor, patient and operating room, preparation, anesthesia, precautions to be observed and accidents avoided; the use of different anesthetics, spinal cocainization, resulting pathological effects and mortality are considered. An especially valuable chapter is that on after-treatment. Twenty-six pages are devoted to bandaging and minor surgery, and this one chapter is worth the price of the book. The surgery of the various organs, systems and parts of the body is gone into in the most direct and concise manner. Microscopic technic, bacteriology, pathology, wounds and tumors are treated from the standpoint of the practitioner by a surgeon familiar with all that is new, useful and good in these departments. It will be seen that the work, while small, is both comprehensive and thorough, its size being the result of a careful elimination of all but the essentials. The chapter on medico-legal examinations is a particularly valuable one. The time for ponderous tomes, weighty with traditionary utterances, speculation, etc., is past. The demand to-day is for the meat of a subject, presented in the clearest and briefest manner. Works such as the Hand-Book of Surgery meet a general need, and are certain of instantaneous appreciation. This little book is replete with excellent illustrations.

DIAGNOSIS FROM THE EYE. A New Art of Diagnosing with Perfect Certainty from the Iris of the Eye the Normal and Abnormal Conditions of the Organism in General, and of the Different Organs in Particular. A Scientific Essay for the Public and Medical Profession. By Henry Edward Lane, M. D. With original illustrations. Chicago: Kosmos Publishing Co. Price, $2.00.

This book deals with a new feature of diagnosis. By its teachings in plain language, the eye becomes a means of knowing not only the inherited, but the acquired tendencies of disease—the effects which accidents, operations, poisonous drugs, and stimulants and narcotics have had on the system. Would you like to use this as an aid to your diagnosis?

SONGS SET TO MUSIC. "Your Mother," by J. T. Rider, and "In Summertime Down by the Sea," by Harry B. Lester and Al. J. Doyle. Price 50 cents each. Special price to BRIEF readers, 25 cents. Published by the Theatrical Music Supply Co., 44 West Twenty-eighth Street, New York.

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